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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT,
INCLUDING
SCHOOL MEDICAL SERVICE.

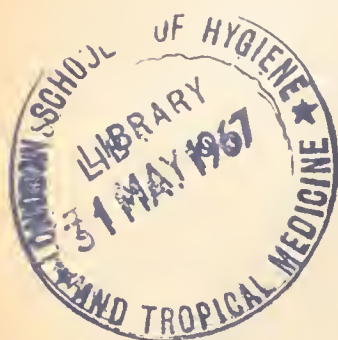
SURVEY REPORT FOR 1925.

G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.,
Medical Officer of Health
and
School Medical Officer.

ST. LEONARDS-ON-SEA :
PRINTED BY A. H. BUTLER, LTD., 34-35 Western Road.

MCMXXVI.

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WITH THE MEDICAL OFFICER OF HEALTH'S
COMPLIMENTS.



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PREFACE.

Health Department,
44, Wellington Square,
Hastings,
March, 1926.

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH OF HASTINGS.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report of the Health Department for 1925, which, by instruction of the Ministry of Health, also includes a survey of progress during the past five years both of the environmental public health services, *e.g.*, housing, water, sewerage, scavenging and food inspection, and also of the more purely medical services, such as those dealing with infectious and venereal diseases, tuberculosis and maternity and child welfare. The body of the report contains much of the material necessary for the survey, while in the preface I have endeavoured to summarise the essential features of health progress in this town during the past 5 years.

Vital Statistics.

The controversy with regard to the reduction of the 1921 census population of 66,495 to 59,500 by reason of visitors has been fully dealt with in previous reports. For 1925, the Registrar-General gives a population of 60,470, a slight reduction as compared to his estimate for 1924, 60,510. It is quite true that for the past few years the crude death-rate in Hastings has exceeded the birth-rate, for example the figures in 1925 being respectively 14·5 and 13·0 per 1,000, but the difference between births and deaths must be more than balanced by the very considerable numbers who retire to or seek health in Hastings.

The crude death-rate for the last 5 years, average 14·5, shows little variation; the corrected figure, 10·4 per 1,000, is relatively satisfactory. The birth-rate, average for the past

5 years, 13·9 per 1,000, tends slowly to fall, the highest annual figure being 15·6 in 1922, the lowest 12·9 in 1924, as compared with 18·7 at the beginning of this century.

The infantile mortality continues to fall, the average figure for the past 5 years being 50·6 per 1,000 births, while, for 1925, the figure 40 per 1,000 appears to be, according to the provisional returns, the lowest among all the County Boroughs.

Infectious Diseases.

There has been no serious mortality in, and indeed a comparatively low incidence of, the main notifiable infectious diseases during the past 5 years, the number of deaths from scarlet fever being 3, diphtheria 4, and enteric fever 2 during the whole period. No case of small-pox has occurred, although it was found necessary to make chicken-pox compulsorily notifiable in 1923-24. Of the non-notifiable infectious diseases, measles and whooping-cough have caused no severe epidemics, while epidemic diarrhoea has diminished almost to vanishing point as a cause of mortality in infants, only 2 deaths being recorded in the past two years. There was a sharp epidemic of influenza, with a considerable amount of pneumonia, in the spring of 1924, followed by a re-percussion in 1925, the number of deaths being respectively 67 and 40.

During the past 3 to 4 years an active policy of renewal and re-organisation has been carried out at the Sanatorium for Infectious Diseases and the Small Pox Hospital at Brede. The status, number and emoluments of the nursing and domestic staffs have been satisfactorily settled, while the Hospital was recognised as a training school for the Fever Nurse's Certificate. Among numerous improvements are a new Motor Ambulance and Disinfector, and more modern machinery in the laundry, while the work of re-decoration and of overhauling and renewing where necessary the equipment, which has been spread over 3 years, is now nearing completion.

It is the policy of the Sanatorium not only to deal adequately with the main notifiable diseases, such as scarlet fever and diphtheria, but also to admit, up to the capacity of the beds and nurses available, such diseases as acute measles with bronchitis and

pneumonia, puerperal fever, erysipelas, infectious skin diseases, infectious nervous diseases such as cerebro-spinal fever and encephalitis-lethargica, and infantile diarrhœa. A policy on these catholic lines gives the community the best value for the expense of the Sanatorium, and is a great public boon in this district of hotels, boarding and lodging houses and private schools.

Maternity and Child Welfare.

Hastings has always been notable both for the quality and quantity of the voluntary work carried out by the Service of Help for Motherhood and Infancy Society, of late years in very close collaboration and co-ordination with the work of the Maternity and Child Welfare Committee of the Council.

In addition to the four Infant Welfare Centres, which were in existence in 1920, important developments have taken place during the past 5 years. In 1921 an ante-natal centre was opened at the Halton Clinic, while in 1924 a similar centre was opened at Park View, both being now entirely successful and doing excellent work. Fernbank Maternity Home, with beds available for and subsidised as required by the Maternity and Child Welfare Committee, after many vicissitudes was opened in December, 1923, and has been a notable success. Dental treatment was available from April, 1925, under an approved scheme for expectant and nursing mothers at the Royal East Sussex Hospital and for children under 5 years at the School Dental Clinics. A second Home Help has been employed part time in order to meet the demand of the mothers for this branch of service. The general scheme of work has been co-ordinated, and I believe benefitted, by the union in January, 1924, of the posts of Health Visitor and School Nurse, while mothercraft teaching has been fostered in the schools thereby. A very considerable amount of propaganda work, of the quiet but none the less effective type, is carried out by the Health Visitors and Voluntary Workers.

It seems reasonable to claim that our favourable infantile mortality statistics of the past few years are to some extent a reflection of these remarkable developments, more especially in the practical disappearance of infantile diarrhœa, and, apart from an influenza wave, the great reduction of bronchitis and

pneumonia in our infant deaths. Last year in particular shows a remarkable reduction in the deaths from congenital debility, marasmus, etc., during the first four weeks of life. A further significant feature, bearing possibly on the value of ante-natal work, has been the recent fall in our maternal mortality, largely preventable, the following being the figures for each of the past 5 years in deaths per 1,000 births, 7.1, 8.6, 7.2, 5.1, and 2.6.

As regards the future, the Voluntary Society, with the sympathy and help of the Council Committee, is now considering the best method of providing clinic facilities for the mothers of the central district of the town, who at present have no clinic within a reasonable distance. Along with other Committees concerned the Maternity and Child Welfare Committee is now interested in schemes for providing an Orthopædiac Clinic and Sun-Ray Treatment.

Tuberculosis.

During the five years, 1921-25, several important developments have taken place. In 1921 Darvell Hall Sanatorium was opened by the East Sussex County Council with 75 beds, of which 30 were put at the disposal of the Hastings Corporation by agreement, 24 beds for ordinary and 6 for cot cases. After periods of some difficulty, and thanks largely to the spirit of true co-operation and helpfulness existing between the staff at Darvell Hall and this Health Department, the arrangements are now working to our entire satisfaction. Important alterations and improvements are now being carried out, which will bring the institution up-to-date in every way, especially as regards hospital beds for men, a ward for children, and artificial pneumothorax treatment and its control by X-rays.

In 1923 the Tuberculosis Dispensary was transferred to the Out-Patient Department of the new Royal East Sussex Hospital, where every facility for convenient working, with ready access to all the other departments of a modern hospital, is most courteously granted. In 1924 the Royal East Sussex Hospital concluded an agreement whereby 4 beds were set aside for Surgical Tuberculosis cases as and when required; in the same year definite arrangements were made for X-Ray examinations,

and in 1925 an arrangement for dental treatment of tuberculous cases, selected by the Tuberculosis Officer, came into force. As, in addition, the Clinical Laboratory of the Royal East Sussex Hospital does the pathological work of the Dispensary, it will be seen how intimate and important is the connection between the Dispensary and the Hospital.

The work of the Tuberculosis Care Committee is most closely co-ordinated with the tuberculosis scheme of the Corporation, and during the past 5 years has gradually expanded, both in the way of direct help to sufferers from tuberculosis and in focussing public attention on many important problems.

The proposed schemes for an Orthopædiac Clinic and Sun-ray Treatment naturally include provision for tuberculous cases, while the proposed Open-Air School would be largely concerned with tuberculous children or children predisposed to tuberculosis.

The body of the report contains all the statistics for the year.

Venereal Diseases.

The most important event has been the opening of the new Venereal Diseases Clinic in January, 1921. This building, designed and equipped in the most modern and convenient fashion, on the model lines of Col. Harrison, is entirely adequate for its purpose, and, indeed, has been visited by many interested from other authorities.

The School Medical Service.

This branch of the Health Services has continued on lines recommended by the Board and generally approved. In 1923 the School Medical Service was entirely co-ordinated with the general Health Department, and, in 1924, the posts of School Nurse and Health Visitor were united. In my opinion the results of the union have been entirely satisfactory, more especially as there is so great a proportion of toddlers aged 3—4 years in our infant schools. In a later development, the fostering of the teaching of mothercraft in the schools, the combined post has also been of value, two of the health visitors

conducting classes for the teachers, who will then pass on the information correctly and uniformly to the older girls. During 1925 it was decided to increase the number of sessions for dental work up to the number of days worked by the Health Department generally. Along with other branches the School Medical Service will benefit by the establishment of an Orthopædic Clinic and Sun-ray Treatment. During 1925 the question of an Open-Air School was under consideration.

Co-ordination with Voluntary Health Associations.

Hastings is peculiarly rich in voluntary organisations, dealing in whole or in part with matters relating to health, for example, the Service of Help for Motherhood and Infancy and the District Nursing Association, the Tuberculosis Care Committee, the Voluntary Associations dealing with Mental Welfare and the Blind. The Red Cross and the St. John Ambulance Societies have a strong following and a vital bearing on health matters, while reference is made in the body of the report to the two excellent voluntary hospitals. For many years past it has been the policy of the Health Department to work in harmony with the voluntary societies and workers, in certain instances to share in the work and financial burden, as in the Infant Welfare Centres and the Tuberculosis Care Committee; again, for example, in the case of Fernbank Maternity Home and the home treatment of measles to subsidise the District Nursing Association; or again to enlist as co-workers in such societies as the Voluntary Associations for Mental Welfare and the Blind, but never to attempt to subordinate or displace the voluntary worker.

This very considerable body of voluntary workers must have a definite and important influence in directing local public policy on health matters. The annual meetings of these societies have definite public health propaganda value, being generally addressed by a well-known hygienist, well attended by the interested public and adequately reported by the local press. As each society forms a natural nucleus for health propaganda it has been my aim to develop this side of the work, in the conviction that the sum total of their efforts in this direction throughout the year is of more value than much advertised intensive Health and Baby Weeks.

Environmental Sanitation.

The period 1921-25 has been one of intense activity and progress in many directions, the full details of which are given in the body of the report.

For example, retrospect shows much important work in dealing with the housing problem. Under municipal auspices 236 houses have been built, including 8 steel houses, while 196 houses are in course of erection or projected. A considerable area of slum property has been condemned, among the schemes in progress being one for re-housing most of the occupants in flats. As opportunity permitted some of our worst isolated properties have been closed, and in certain instances this has stimulated owners to carry out radical and sufficient repairs. A very considerable amount of useful and essential repairs under the Housing and Public Health Acts has been accomplished as the result of the efforts of the Public Health Department. The results attained represent a very considerable contribution towards the solution of our post war housing problem. The lee-way, however, is enormous, and the work must continue for many years in the several directions indicated, in order to deal adequately with overcrowding in small houses or sublet rooms and demands for better houses from those living in worn-out or unhygienic houses. Considerable areas of the Old Town remain to be dealt with *en bloc*.

The Council has dealt fully with the water question during the period. Existing supplies from the neighbouring deep wells and other supplementary sources are admittedly insufficient for the increasing needs of the community, especially during the summer months. While exploiting fully the present deep well area, the Council is looking* to the chalk area in the Cradle Valley to the east of Eastbourne to provide a safe and abundant auxiliary supply, sufficient for many generations, which will also allow the present supplementary supplies, now adequately chlorinated, to be definitely and finally discontinued.

The more speedy and adequate removal of refuse, possibly by motor traction, and its more complete disposal by a new and enlarged destructor have received the earnest attention of the Health Committee, and the plans will materialise in the near future.

The Meat Regulations of 1924 have definitely improved both the amount and the standard of meat inspection in the somewhat numerous private slaughter-houses in the town, while considerable improvements have taken place in the storage and display of meat in the shops. In the dairy trade the standard has improved considerably, especially under the 1922 Act, in the direction of the elimination of the small general shop, selling milk as a side line, while new and well-equipped establishments, specialising in the dairy business, have sprung up in their place. But little has been done in the direction of Certified or Pasturised Milk in this district ; in the former case because it is too expensive, in the latter because the milk is practically all sold soon after it is milked.

The summary of the Sanitary Inspectors' work, under Sanitary Administration, gives the multifarious details of the important duties carried out by them in the course of a year.

I take this opportunity of again expressing my thanks to the Council and to the Chairmen and Members of the Committees specially connected with the Health Department for their help and encouragement, without which so much progress would have been impossible. I also acknowledge gratefully the loyalty and good work of every member of the staff of the Health Department.

I remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

G. R. BRUCE.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

Public Health Committee—COUNCILLOR SHOESMITH.

Sub Sanatorium, etc., Committee—COUNCILLOR SHOESMITH.

Maternity and Child Welfare Committee—COUNCILLOR ANNIE LILE.

Mental Deficiency Committee—COUNCILLOR ANNIE LILE.

—COUNCILLOR MACDOUGALL, until November, 1925.

Education Committee—ALDERMAN MITCHELL, M.A., J.P.

Children's Care Sub-Committee { COUNCILLOR DOBELL.
 { MR. A. T. WHITE, until November, 1925.

Housing and Improvements Committee—ALDERMAN COX.

SUMMARY OF GENERAL AND VITAL STATISTICS, 1925.

Area of Borough	...	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...	...	
General	...	...	...	...	...	59,500
(c) 1925, for purposes of Vital Statistics	...	...	...	...	...	60,470
Number of inhabited houses, Census, 1921	...	...	...	...	...	12,082
Number of families or separate occupiers, Census, 1921	...	...	...	...	...	14,986
Rateable Value	...	...	...	...	...	£543,540
Sum represented by a penny rate	...	...	...	...	...	£2,188
Births, 1925— Male. Female.	...	...	...	...	Total	783
Legitimate	381	356	...	...	...	737
Illegitimate	26	20	...	...	...	46
Birth Rate, 1925, per 1,000 of population	...	...	...	...	...	13.0
Deaths, 1925	...	...	...	...	...	879
Death Rate, 1925, per 1,000 of population	{ (a) crude (b) corrected					14.5 10.4
Number of women dying in, or in consequence of, child birth						
(a) from sepsis	...	...	...	...	...	1
(b) from other causes	...	...	...	...	...	1
Death rates of infants under one year of age per 1,000 births						
(a) legitimate	...	...	...	...	...	34
(b) illegitimate	...	...	...	...	...	130
(c) total	...	...	...	...	...	40
Deaths from Measles (all ages)	...	...	...	...	...	nil.
" " Whooping Cough (all ages)	...	...	...	...	...	1
" " Diarrhoea (under 2 years of age)	...	...	...	...	...	1

NATURAL AND SOCIAL CONDITIONS.

(1) PHYSICAL FEATURES & GENERAL CONDITIONS OF AREA.

The County Borough of Hastings, facing due south on the English Channel, has a sea frontage of over four miles and a depth at one part of over two miles. The lofty eastern and northern boundaries afford shelter, while the town lies open to the south-west. Spurs from the northern boundary ridge, with valleys between, intersect the basin in which lies the town, terminating near the coast in sandstone fissured cliffs. The face of these cliffs is cut away to afford a foundation for the houses lining the front, while at other places houses are erected on top, for example at the west end of the Borough in St. Leonards.

The "Old Town" of Hastings, the oldest and most densely populated area, nestles between the East and West Hills. While possessing many picturesque features, according to modern standards there is much to criticise, many of the houses being crowded together in irregular groups with insufficient space and light, and altogether of a hygienic standard much below modern requirements.

(2) SOCIAL CONDITIONS.

Hastings is a health and holiday resort with two seasons, winter and summer. In view of its equable climate many invalids and retired people settle down in permanent residence, while the number of preparatory boarding schools for boys and girls is increasing. Another feature has been the establishment of numerous convalescent homes and seaside branches of London hospitals, societies and charities.

Apart from the fishing industry the greater number of the permanent population are employed in services dealing with the visitors, both the permanent and the temporary. The following figures are taken from the census of 1921. Among the total occupied male population of 16,818 there were 259 fishermen, 859 metal workers, 716 builders, bricklayers, etc., 660 painters and decorators, 1,165 employed in personal services and 2,480 transport workers. Of the occupied female population of 12,120, personal services absorb 7,005, including 4,400 domestic servants, 1,228 lodging-house keepers, and 520 laundry workers; 1,324

are engaged in professional occupations, mainly teachers and nurses; 1,002 are shop assistants and 923 are employed in clerical work. Of the total population over 12 years of age 4,371 males and 21,608 females were unoccupied or retired, the latter figure presumably including the married.

(3) VITAL STATISTICS.

(a) Population.

For the purposes of vital statistics the Registrar General has estimated the mid-year population in 1925 at 60,470, as compared with 60,510 for 1924, a decrease of 40.

At the census of 1921 the population of Hastings was returned at 66,495 persons, 27,033 being males, 39,462 females. It was estimated that at the date of the census, early June, 10·5 per cent. of the total population were visitors, leaving for the purpose of vital statistics a population of 59,500 persons. The accuracy of this estimate is very much in question, especially in view of the shortage of houses, numerous cases of overcrowding, and the considerable activity of building and conversion into flats of large mansions which has been going on of recent years. It may be true, owing to the peculiar age constitution of a health and pleasure resort, that the crude death-rate exceeds the birth-rate, as now obtains in Hastings, but more credit should be given to the considerable number of invalids and retired persons who annually settle down in the town.

A short analysis of the results of the 1921 census in Hastings was given in the report for 1923 and need not be repeated.

(b) Births.

The net births registered in Hastings for 1925 were 783, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males	413	14	8	407
Females	394	20	2	376
Total	807	34	10	783

Of the births 46, males 26, and females 20, were illegitimate, a percentage of 5·9.

The birth rate is 13·0 per 1,000 of population, practically the same as for 1924.

The table on p. 40 shows, *inter alia*, the birth-rates from 1900 to 1925, and it will be noted that the rate has fallen from 18·67 in the period 1900—1904 and from 14·3 in 1921 to 13·0 per 1,000 of the population in 1925.

(c) Deaths.

The total net deaths registered in Hastings in 1925 were 879, 417 being males, 462 females.

Not included were 108 deaths transferred to other districts, included were 49 deaths of Hastings residents occurring elsewhere.

Deaths in Public Institutions were 309, 59 being transferred elsewhere.

There were 67 Coroner's inquests.

The crude death-rate per 1,000 of the population is 14·5. The factor for correction, on account of the peculiar sex and age constitution of the population, has been given as ·718, that previously in use being ·84. The corrected death-rate for 1925 is 10·4 per 1,000 of the population.

Age at Death.

Of the 879 deaths, 31 occurred in infants under one year of age, this giving an infantile mortality of 40 per 1,000 births.

From 1—5 years there were 14 deaths; from 5—20 years 26 deaths; from 20—45 years 90 deaths; from 45—65 years 216 deaths; and over 65 years 502 deaths, or 57·1 per cent. of the total deaths.

Study of the table on page 19 shows that the crude death-rates from 1900—1925 have remained at or about the same level—the average for the past five years being 14·5, exactly the the figure for 1925. The corrected death-rate for 1925 is however 10·4 per 1,000, as compared to the provisional figure of 12·2 for the whole country.

Main Causes of Death.

In view of the fact that so many of the population are either elderly or retired persons or invalids seeking health, it is to be expected that the main causes of death will be found among such headings as Cancer, Diseases of the Circulatory System, Bronchitis, Pneumonia, and Influenza. The mortality from tuberculosis and the common infectious diseases and infantile mortality will be commented upon in the appropriate sections.

(a) Cancer.

The following table shows the comparative mortality since 1910.

1910--1919—yearly average 109 deaths due to cancer.

1920	121	"	"	"
1921	127	"	"	"
1922	116	"	"	"
1923	119	"	"	"
1924	133	"	"	"
1925	128	"	"	"

For 1925 the cancer death-rate remains high, 2·1 per 1,000 of the population, the cause being the relatively large number of elderly people in the population.

The main facts as to the prevalence of cancer, together with the recent important work of Barnard and Gye as to the causation, are well known now to the general public through numerous articles in the popular press, but no opportunity should be missed of stressing the following essentials :—

(1) The public should realise the most common sites of cancer, *e.g.*, the lips, tongue, throat and digestive tract in men, the breast and womb in women.

(2) The relationship of chronic irritation to cancer.

(3) The importance of early consultation with a doctor on the first suspicion of cancer, together with the hopeful results of early operation and extirpation of the cancerous area and the nearest lymphatic glands.

The Health Department continues to issue information, mainly through the Health Visitors, in suitable quarters on these lines.

(b) Diseases of the Heart and Circulation.

The three main groups of diseases, as shown in the sub-joined table, caused 235 deaths, 26·7 per cent. of the total death-rate and 3·8 per 1,000 of the population.

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease ...	138	5	32	101
Cerebral Haemorrhage	65	2	17	46
Arterio-sclerosis ...	32	...	5	27
Totals	235	7	54	174

(c) Influenza and other Respiratory Diseases.

During the spring of 1925 influenza, without being severely epidemic, was prevalent and responsible for a considerable mortality among elderly and debilitated people, there being 40 deaths, 28 in persons over 45 years of age.

Pneumonia, bronchitis and other respiratory diseases caused 117 deaths.

Considerable publicity has been given by pamphlets, the press and individual members of the Health Department with regard to the dangers of infection in times of influenza prevalence, and also the necessity of the patient getting appropriate treatment. Beds are available, if required, at the Borough Sanatorium for cases of influenzal pneumonia.

V.S. Table No. 1.

VITAL STATISTICS—WARDS—1925.

Ward.	Estimated Ward Population.	Births.			Birth Rate per 1,000.	Deaths	Death Rate per 1,000 crude.	Deaths under 1 year.	Infantile Mortality.
		M.	F.	Total.					
All Saints	5,070	41	38	79	15·6	88	17·4	2	25
St. Clements	5,583	81	81	162	29·0	63	11·3	5	31
St. Mary's Lower ...	6,233	35	25	60	9·6	81	13·0	4	67
St. Mary's Upper ...	6,246	42	35	77	12·3	98	15·7	4	52
St. Helen's	4,912	48	50	98	20·0	60	12·2	5	51
Holy Trinity	6,333	16	34	50	7·9	82	13·0	3	60
St. Mary Magdalen ...	6,592	26	27	53	8·0	111	16·8	2	38
St. Peter's	6,049	36	24	60	9·9	76	10·9	2	33
St. Leonards	7,559	41	33	74	9·8	124	16·4	4	54
Silverhill and Hollington	5,893	47	47	94	16·0	96	16·3	2	21
Total	60,470	413	394	807	13·3	879	14·5	33	41
Transfers out... ..	...	14	20	34				2	
Transfers in	...	8	2	10				..	
Total Net	60,470	407	376	783	13·0	879	14·5	31	40

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District.										Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.	WARD DISTRIBUTION.							
		All ages, year.		0 to 14 yrs.		15 to 24 yrs.		25 to 34 yrs.		35 to 44 yrs.		45 to 64 yrs.		St. Mary's	St. Peter's	St. John's	St. Mary's	St. Peter's	St. John's	St. Mary's
		879	31	5	2	5	2	5	2	5	2	5	2	81	98	60	82	111	76	124
All Causes	(Certified / Uncertified)	879	31	5	2	5	2	5	2	5	2	5	2	81	98	60	82	111	76	124
Enteric Fever	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	...	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other tuberculous diseases	...	13	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	...	128	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage, etc.	...	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Disease	...	138	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Arterio-sclerosis	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	49	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	57	8	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Other respiratory diseases	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcer of stomach or duodenum	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea, etc. (under 2 years)	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation, Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	...	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other deaths from violence	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined diseases	...	21	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Causes ill-defined or unknown	...	174	8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	879	31	5	2	5	2	5	2	5	2	5	2	81	98	60	82	111	76	124

Special Causes (included above) :— Acute Polio-encephalitis, 1.

V.S. Table No. 3.

DEATH RATES—1900-1925—HASTINGS.

	1900- 1904 average	1905- 1909 average	1909- 1914 average	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Number of Deaths ...	909	848	820	905	883	848	1011	926	850	852	869	821	930	879
Death Rate per 1,000 crude ...	14.0	13.4	13.5	17.3	17.6	17.5	19.4	16.0	14.2	14.3	14.6	13.6	15.4	14.5
*Death Rate per 1,000 corrected	11.8	11.3	11.3	14.5	14.8	14.7	16.3	13.4	11.9	12.0	12.2	11.3	12.9	10.4

* Factor for correction 1900-1924—.84.
1925—.718.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

Provisional figures for England and Wales compared with Hastings.

	Birth rate per 1,000 Total Population.	Annual Death-Rate per 1,000 Population.								Rate per 1,000 Births.		Percentage of Total Deaths.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certi- fied by Medical Practitioners	Inquest Cases.	Uncertified Causes of Death.
England and Wales	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns, including London ...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Ad- justed Populations, 20,000— 50,000)	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Hastings	13.0	14.5(a) 10.4(b)	0.02	0.00	0.00	0.03	0.02	0.00	0.66	0.35	1.3	40	92.4	7.6	0.0

(a) Crude. (b) Corrected for sex and age distribution. Correction factor .718.

(4) VOLUNTARY HOSPITALS ; POOR LAW RELIEF.

Hastings is fortunate in possessing two excellent general hospitals, the Royal East Sussex with 110 beds and the Buchanan with 55 beds, while at the Infirmary in Frederick Road there are over 230 beds both for acute and chronic cases. In addition there are two out-patient dispensaries, one attached to the Buchanan Hospital, the other in the Old Town. The two general hospitals serve, in addition to the needs of Hastings, an area of 20 miles around. At the Royal East Sussex Hospital in 1925 there were 1,283 in-patients, while 9,558 out-patients paid 57,090 attendances ; at the Buchanan Hospital there were 604 in-patients, and 2,002 out-patients with 14,412 attendances.

The extent of Poor Law Relief fluctuates considerably in Hastings, diminishing to a great extent in the popular summer season. As an example of a period when the figures are comparatively high, mid-March 1926, the Clerk to the Guardians informs me that 111 men, 307 women and 214 children were receiving domiciliary assistance at a weekly cost of £192, while in the hospital and other wards and in the children's scattered homes, etc., were 444 individuals.

INFECTIOUS DISEASES.

(1) NOTIFIABLE.

A. Survey from 1921—1925.

Table No. 1 has been compiled to show the comparative incidence of the notifiable infectious diseases during the past 5 years. The incidence of diphtheria has been low throughout. Apart from a slight rise in 1924 scarlet fever has been uniform in its slight prevalence and very mild in its type. Tuberculosis is dealt with elsewhere. Pneumonia increased steeply in 1924 and 1925 owing to the prevalence of influenza. The cases of enteric fever have been few throughout the period. Small-pox has been entirely absent, but in view of its prevalence elsewhere in a mild form chicken-pox was made compulsorily notifiable during portions of 1923 and 1924.

I.D. Table No. 1.

TABLE SHOWING INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES, 1921—1925.

Notifiable Diseases.	Number of Cases Notified.					
	1921	1922	1923	1924	1925	Total.
Small Pox, Cholera, Plague ...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	19	16	11	34	5	95
Erysipelas ...	17	19	13	21	17	87
Scarlet Fever ...	79	60	60	192	100	491
Typhus ...	...	...	...	...	...	...
Enteric Fever ...	...	3	6	2	5	11
Relapsing Fever ...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...
Puerperal Fever ...	4	1	2	3	2	12
Cerebro-Spinal Meningitis ...	1	...	1	...	...	2
Poliomylitis ...	2	...	5	3	...	10
Ophthalmia Neonatorum ...	7	9	5	8	8	37
Pulmonary Tuberculosis ...	87	68	82	98	96	431
Other Forms of Tuberculosis ...	9	9	21	26	41	106
Acute Polio-encephalitis ...	...	...	2	1	1	4
Encephalitis Lethargica ...	1	1	1	4	4	11
Acute Primary Pneumonia ...	24	20	45	83	86	258
Influenzal Pneumonia ...	14	27	7	66	20	134
Malaria ...	...	1	...	1	...	2
Dysentery ...	...	...	1	...	...	1
Trench Fever ...	...	...	...	...	...	...
Chicken-Pox ...	...	...	39	87	...	126
Totals ...	264	234	301	629	396	1824

B. Infectious Diseases, 1925.

I.D. Table No. 2.

			Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	...	...	28	3	3	34
2nd Quarter	...	...	27	5	...	32
3rd Quarter	...	...	22	2	2	26
4th Quarter	...	...	23	6	...	29
Totals	...	...	100	16	5	121

Scarlet Fever.

The 100 cases notified were average in number, generally mild in type and distributed evenly throughout the year and in the different wards. There were two deaths. In this district isolation of scarlet fever is called for in the public interest, especially in the summer season in view of the large number of hotels, boarding-houses, etc., 91 of the 100 cases being removed to hospital. During the year 4 return cases of scarlet fever were reported after the initial case had been treated in hospital. Up to the present the Dick Test and artificial immunisation against scarlet fever have not been introduced.

Diphtheria.

This disease has been extremely mild, the 16 cases being evenly distributed throughout the year. In view of the comparative absence of this disease no attempt has yet been made to introduce Schick testing or toxin-antitoxin treatment in the district.

Enteric Fever.

Of the five cases, three most certainly arrived in the town incubating the disease, a traveller from New York, a nurse from Ireland, and a man from the North of England. Of the remaining 2 cases one was in the habit of travelling about the county, and may have contracted his infection elsewhere. The fifth case being a milk roundsman, the greatest care was taken by laboratory examination of the excreta to exclude any positive contacts among his fellow workmen.

Encephalitis Lethargica.

The cases occurred quite sporadically without any evidence of the source of infection.

Small-Pox ; Vaccination.

The vaccination rate in this district, although not good, is better than that of many places where the mild type of small-pox is prevalent, the rate in 1923 being 47·7 per cent. of the births and approximately that of the whole country. It has not been necessary to carry out any primary vaccinations or re-vaccinations under the Public Health (Small-Pox Prevention) Regulations, 1917.

I.D. Table No. 3.

Year.	Births, Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
1918 ...	683	268	251	39·2
1919 ...	649	210	274	32·3
1920 ...	942	292	494	30·9
1921 ...	689	223	391	32·3
1922 ...	772	239	445	30·9
1923 ...	851	392	369	46·1
1924 ...	788	376	327	47·7
Totals	5,374	2,000	2,551	37·2

(2) NON-NOTIFIABLE INFECTIOUS DISEASES.

Of these, measles caused no fatalities, whooping cough one death. As far as one could judge from the mortality and the reports of the Health Visitors and School Nurses and the Medical Practitioners of the town the prevalence of these diseases was very slight. On the other hand there was a considerable outbreak of influenza (see Vital Statistics) which was reflected in the notifications of influenzal and primary pneumonia and in the death-rate from influenza.

TABLE II. (MINISTRY OF HEALTH).
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1925.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.																Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	At ages.																		All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silverhill and Hollington.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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*For Analysis of Deaths See Table No. III. (Ministry of Health), page 19.

I.D. Table No. 5.**DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.**

	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	3	...	1	...	1	...	...	...	2
Diphtheria ...	1	9	15	...	4	4	14	2	1	1	...	...
Enteric Fever ...	1	...	...	...	2	...	5	...	1	...	...	1
Measles ...	...	28	3	10	12	...	6	...	4	4	...	...
Whooping Cough	4	7	6	11	10	4	4	1	...	2	3	1
Diarrhoea (under 2 years)	7	1	1	3	2	3	9	6	3	3	1	1
Total ...	13	45	25	27	30	12	38	10	9	10	4	5

(3) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.**(A) Administration.**

The high standard of the institution was fully maintained in 1925. The policy of systematic overhaul of repairs, equipment and decorations was continued, so that this year will practically see the work completed throughout.

While the main diseases have beds fully safeguarded, it will be noted from Table 6 how great a variety of infectious diseases (no less than 17) was treated. This is valuable in several directions, as anxiety as to infection in boarding schools, hotels and lodging houses is removed, while the probationer nurses have an opportunity of studying and nursing diseases rarely admitted to many other isolation hospitals.

The Small Pox Hospital at Brede remained in readiness for use at a moment's notice.

There is provision for 70 beds at the Sanatorium and 20 at the Small Pox Hospital.

The Sanatorium has been recognised as a Training School by the Fever Nurses' Association, two probationers passing the necessary examinations for the Diploma.

(B) Cases under Treatment in 1925.**I.D. Table No. 6.**

Disease.	In Hospital Jan. 1st, 1925.	Ad- mitted.	Died.	Dis- charged.	In Hospital Dec. 31st, 1925.
Scarlet Fever ...	28	106	1	121	12
Observation Scarlet Fever ...		4	...	4	...
Erysipelas ...	1	1	...	2	...
Diphtheria ...		14	...	12	2
Observation Diphtheria		3	...	3	...
Measles ...	...	7	...	7	...
Chicken Pox ...	...	10	...	10	...
Impetigo ...	...	2	...	2	...
Mumps ...	...	4	...	4	...
Whooping Cough ...	...	2	...	2	...
Encephalitis Lethargica	...	3	2	1	...
Pneumonia ...	...	3	...	3	...
Gastro-enteritis ...	...	2	1	1	...
Cerebro-spinal Menin- gitis ...	...	1	1	...	...
Cerebral-Meningitis ...	...	1	1	...	...
Polio-encephalitis ...	...	1	1	...	...
Typhoid Fever ...	...	3	1	2	...
Total	29	167	8	174	14

AVERAGE NUMBER OF DAYS IN HOSPITAL.

Diphtheria cases ...	...	30 days.
Scarlet Fever „ ...	...	40 „
Typhoid „ „ ...	...	50 „

(a) Scarlet Fever.

The disease was mild as a general rule, but the following complications were noted :—

Inflammation of Glands of Neck ...	...	11
Septic Cases ...	...	4
Toxic ...	...	1
Rheumatism ...	...	3
Septic fingers ...	...	7
Septic hand—burn (on admission) ...	...	1
Septic leg do. ...	...	1
Otorrhœa ...	...	12
Rhinorrhœa ...	...	12
Severe Nephritis (on admission) ...	...	1
Slight do. ...	...	3

(b) Diphtheria.

The disease was mild in type, there being no deaths. It was necessary to perform the operation of tracheotomy in one laryngeal case, in which, however, the diagnosis of diphtheria was not substantiated.

(c) Typhoid Fever.

Of the three cases one died as the result of pneumonia and severe hæmorrhage from the bowel.

(d) Pneumonia—3 cases. Gastro-enteritis—2 cases.

All these cases were very ill, being admitted because they could not be properly nursed at home.

(e) Cases from surrounding District, included above:—

Scarlet Fever	...	...	...	...	16 cases.
Observation Diphtheria			...	...	1 case.
Broncho-Pneumonia	...	...	...	...	1 do.
Measles	...	...	...	...	1 do.

TUBERCULOSIS.

(1) VITAL STATISTICS.**(a) Notifications, 1925.**

The total notifications of new cases from all sources were 152, 111 pulmonary, 41 non-pulmonary cases, 15 transferred from other districts.

Full details of notifications are given in Tables 1, 2, and 3. The increase in the number of notifications is not in my opinion indicative of a real increase in the incidence of tuberculosis, but

evidence rather of increased activity in the diagnosis of the disease, especially non-pulmonary forms, together with the offer of adequate institutional treatment.

T. Table No. 1.

TUBERCULOSIS, 1925—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	1	...	1
1—5 „ ...	3	17	...	4
5—10 „ ...	3	8	...	1
10—15 „ ...	4	7	1	...
15—20 „ ...	6	2	4	1
20—25 „ ...	15	1	15	2
25—35 „ ...	30	3		
35—45 „ ...	22	1	24	1
45—55 „ ...	13	1	20	3
55—65 „ ...	9	...		
65 upwards ...	6	...	7	...
Totals ...	111	41	71	13
Grand Totals	152		84	

T. Table No. 2.

TUBERCULOSIS.—1925 NOTIFICATIONS FROM
VARIOUS SOURCES.

Category.	Primary Notifications.		New Cases notified, other sources.	Supplemental Notifications.			
	Form A.	Form B.		Form A.	Form B.	Form C. Poor Law.	Sanatoria.
Pulmonary Males ...	48	2	8	5	...	14	51
„ Females ...	46	...	7	6	...	19	36
Non-Pulmonary Males	21	1	...	1	1	...	2
„ Females	18	1	...	2	...	3	1
Totals ...	133	4	15	14	1	36	90

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1925.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
464	209	151	360	51	53	104

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1913.

	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Pulmonary	135	136	91	99	125	94	88	74	89	71	81	98	94
Other Forms	34	21	10	19	25	16	7	9	9	9	22	26	39
Totals ...	169	157	101	118	150	110	95	83	98	80	103	124	133

Relation of Deaths to Notifications.

The number of cases of tuberculosis not notified before death, or notified less than 3 months before death shows a slight improvement. In each case not notified before death a special letter is sent to the medical man asking for an explanation of the circumstances.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS.

	Pulmonary	Other Forms.	Total.
Not notified before death	10	8	18
Notified less than 3 months " "	13	4	17
" 3 to 6 " "	10		10
" 6 to 12 " "	7	...	7
" 1 to 2 years " "	9	...	9
" over 2 " "	22	1	23
Total	71	13	84

(b) **Death Rate from Tuberculosis.****T. Table No. 5.****DEATHS FROM TUBERCULOSIS SINCE 1903.**

Year.	No. of deaths Pulmonary Tuberculosis.	No. of deaths Other Forms of Tuberculosis.	Total Deaths.	Death Rate All Forms per 1,000.
1903-04 average	95	27	122	1·8
1905-09 ..	84	28	112	1·8
1910-14 ..	62	23	85	1·4
1915	56	14	70	1·3
1916	69	28	97	1·9
1917	60	18	78	1·5
1918	88	17	105	2·0
1919	92	16	108	1·8
1920	66	23	89	1·5
1921	70	15	85	1·4
1922	58	19	77	1·3
1923	42	6	48	·79
1924	65	13	78	1·3
1925	71	13	84	1·4

The mortality rate for tuberculosis was for pulmonary 1·2, non-pulmonary ·2 per 1,000 persons, or all forms 1·4, a figure very slightly over that for 1924. This somewhat high rate is largely due to the deaths of ex-service pensioners and tuberculous invalids from other districts, who have made Hastings their home on account of the mildness of the winter climate, but whose disease is often so advanced as to make their chances of recovery hopeless.

(2) TUBERCULOSIS HEALTH VISITOR.

Miss Myers continued her excellent work in connection with home visiting and the detection of suspicious contacts, a vital part of the anti-tuberculosis campaign.

RESULTS OF YEAR'S WORK.

Home visits to new cases	...	...	118
" " " old "	...	...	2,323
Total	...	...	2,441

The following articles were supplied from the Health Department :—

Bottles of Disinfectant	...	...	413
Sputum Mugs and Flasks	...	...	41
Thermometers	...	...	6

Special care is taken with the disinfection of bedding, clothing and rooms after deaths from tuberculosis, admission of cases to institutions and removal from one house or district to another. In this latter instance the greatest vigilance is necessary, as tuberculous cases, if the diagnosis be known, are not popular, the unfortunate tenant, especially if only in furnished lodgings, being asked not infrequently to leave on very short notice.

Cot cases were removed to institutions in the Authority's ambulance under the supervision of the Tuberculosis Health Visitor.

(3) TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary, established in 1923 in the Out-Patient Department of the modern and well-equipped Royal East Sussex Hospital, was fully described in the report for that year. The arrangements, with two morning and one evening session each week, continue to work with the utmost smoothness, the hospital officials doing all in their power to assist.

A summary of the year's work is given in Tables 6 to 9. During the year 202 new cases were seen, of whom 56 were contacts of established cases. Pulmonary tuberculosis was diagnosed in 12 of these contacts, surgical tuberculosis in 11. The total attendances for the year were 2,233.

It is clearly recognised that the main function of the Tuberculosis Dispensary is to make a diagnosis in uncertain or difficult cases, not to give routine treatment except for good reason. In diagnosis it may be necessary to observe the patient for a considerable, even a prolonged, period, to examine the sputum repeatedly and to have X-ray examinations of the chest. In this connection the Dispensary is very favourably placed, the pathological laboratory and X-ray department of the Hospital having been brought into the scheme. Further, the other special departments of the Hospital, Nose and Throat, Venereal Diseases, Eye and Casualty are all at the disposal of the Dispensary by a system of friendly co-operation.

As regards special lines of treatment, Tuberculin (B.E.) continues to give good results in the few surgical cases in which it has been tried, mainly tuberculous glands and sinuses. During the year a "Sun-ray" room has been started at the Hospital with an up-to-date tungsten-arc apparatus. Several cases of surgical tuberculosis, lupus, sores, glands, bones, joints and

abdominal have been treated, generally with benefit, some with conspicuous success. It is hoped to have an official scheme, under which cases of surgical tuberculosis may be treated by arrangement, the hospital to receive a definite sum (two shillings is suggested) per treatment.

Dental treatment is now available for tuberculous cases nominated by the Dispensary, the Corporation subsidising the treatment where necessary. Under this scheme 8 patients received treatment in 1925, but this number will be considerably increased in 1926. Dentures, partial or complete, are necessary in most of the cases.

An orthopædiac clinic on the lines recommended by the Ministry of Health and Board of Education is under discussion, to which cases of surgical tuberculosis of the bones and joints resulting in crippling will be sent. It is proposed to have the Out-Patient Clinic at the Royal East Sussex Hospital in charge of a local surgeon, the same hospital to take in-patients for short periods, cases for long detention to go to special orthopædiac institutions.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1925.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):												
(a) Definitely tuberculous	37	23	6	4	...	3	8	7	37	26	14	11
(b) Doubtfully tuberculous	1	1	1	3	...	...	...	...	1	1	1	3
(c) Non-tuberculous	17	21	4	8	...	...	...	2	17	21	4	10
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous	4	6	2	..	...	...	7	4	4	6	9	4
(b) Doubtfully tuberculous	1	...	1	3	...	...	...	...	1	...	1	3
(c) Non-tuberculous	..	3	11	6	8	..	...	...	3	11	6	8
C.—CASES written off the Dispensary Register as Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	22	38	10	21	1	2	...	1	23	40	10	22
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed	234	121	22	16	5	6	21	28	239	127	43	44
(b) Diagnosis not completed...	...	...	...	...	...	...	...	...	2	...	1	2

T. Table No. 7.

PULMONARY TUBERCULOSIS CASES AT DISPENSARY.

Tubercle Bacilli not found in sputum ...	...	31
Tubercle Bacilli found in sputum :—		
Stage I. ...	...	36
Stage II. ...	...	14
Stage III. ...	...	1
Total ...	...	82

T. Table No. 8.

NEW CASES, 1925. IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—		
Ordinary Medical Treatment ...	...	21
General Supervision ...	...	13
Observation ...	...	66
2. Domiciliary Treatment, under Private Practitioners ...		
Practitioners ...	...	15
3. Sanatorium or Institutional Treatment ...	...	40
4. No Treatment required ...	...	47
Total ...	...	202

The total attendances are shown in Table No. 9.

T. Table No. 9.

ATTENDANCES FOR 1925.

(1) Insured men ...	...	758
women ...	...	264
(2) Non-insured men ...	...	45
women ...	...	238
children—		
} boys ...	...	288
} girls ...	...	363
(3) Ex-military cases ...	...	277
Total attendances ...	...	2,233
Total examinations ...	...	899
Total certificates for Ministry of Pensions cases ...	...	380

(4) INSTITUTIONAL TREATMENT, 1925.

For cases of pulmonary tuberculosis 30 beds continue to be available at Darvell Hall Sanatorium, Robertsbridge, under the East Sussex County Council. The most cordial co-operation exists between Dr. Dingley, Medical Superintendent, and my department. Important changes are in progress at Darvell Hall, including the provision of 2 large ward blocks, X-ray, and probably Sun-ray apparatus. The patients' comfort was considerably increased by the improvements of last year as regards the kitchens.

Cases of surgical tuberculosis are sent under agreement to the Royal East Sussex Hospital, 4 beds being reserved for the purpose.

Occasionally cases are sent to other institutions, for example a few ex-service men to Fairlight Sanatorium or the Eversfield Chest Hospital, a child to the Margate Sea Bathing Hospital, a child suffering from lupus to the London Hospital for special light treatment.

Advanced or emergency cases can be admitted as and when required to the Infirmary wards for tuberculosis, where excellent accommodation is available.

In my opinion the number of beds at the disposal of the Corporation for pulmonary tuberculosis is ample, while no case suffering from surgical tuberculosis fails to secure hospital in-patient treatment if necessary.

The actual statistics of institutional treatment are given in Tables Nos. 10 and 11. Three cases were admitted for observation and diagnosis.

T. Table No. 10.

CASES SENT TO INSTITUTIONS DURING 1925.

To Darvell Hall Sanatorium	...	...	75
Royal East Sussex Hospital	...	...	13 (surgical).
Eversfield Chest Hospital	...	...	3
Fairlight Sanatorium	...	...	2
Frederick Road Infirmary	...	...	3
Margate Sea Bathing Hospital	...	...	1
Total	...	...	97

T. Table No. 11.

RESULTS OF INSTITUTIONAL TREATMENT IN CASES
DISCHARGED IN 1925.

	Quiescent.	Improved.	No Material Improve- ment.	Died in Institution.	Total.
Pulmonary :—					
T.B.—	1	11	1	—	13
T.B.+					
Stage 1	1	23	2	—	26
Stage 2	—	19	7	1	27
Stage 3	—	4	7	5	16
Non-Pulmonary :—					
Bones—Joints ...	4	5	—	—	9
Abdominal	—	—	—	1	1
Glands	—	3	—	—	3
Total... ..	6	65	17	7	95

(5) THE TUBERCULOSIS CARE COMMITTEE.

The excellent work of this committee continued on the lines fully described in the reports for 1923 and 1924. Emphasis may be laid on the work carried out each summer of sending some 6 or 7 children from tuberculous families in Hastings to healthy country homes, these children not as a rule exhibiting any active disease, but suffering from latent or old tuberculous lesions or merely from debility.

The summary of a typical week's allowances, which does not include emergency grants of money or clothing, best explains the activities of the Care Committee.

	£	s.	d.
(a) Monetary allowances	2	4	6
(b) Glaxo		3	0
(c) Fresh milk (119 pints at 3½d. pint)	1	14	8½
(d) Eggs, 21		5	3
(e) Butter		6	6
(f) Cod Liver Oil and Malt		1	4
(g) Maintenance of 5 children in the country	2	10	0
Total weekly liability	£7	5	3½

In addition the committee does much quiet, but none the less valuable, work in endeavouring to find work for the ex-sanatorium case capable of employment, often helping such men by substantial money grants over prolonged periods.

The work of the Tuberculosis Care Committee is kept well before the public by means of judicious propaganda, and each year there is a successful flag day.

(6) MISCELLANEOUS DETAILS.

(a) Public Health (Prevention of Tuberculosis) Regulations, 1925.

The dairymen of the Borough were circularised with regard to these regulations. No notices have been served under Article 5.

(b) Public Health Act, 1925, Section 62.

So far no action has been taken under this section, which deals with the compulsory removal to hospital of cases of advanced pulmonary tuberculosis, capable of infecting other inmates of the home.

(c) Co-operation.

The Dispensary being practically part and parcel of the main hospital of the district, full co-operation exists between the Tuberculosis Officer, who is also Medical Officer of Health and School Medical Officer, and the various departments of the Hospital, the School Clinics, the Maternity and Child Welfare Clinics, etc. The general practitioners make considerable use of the clinic for diagnostic purposes and consultations, but whenever possible domiciliary treatment is utilised for insured persons in accordance with the recommendations of the Ministry of Health.

(d) Following up Doubtful Cases and Contacts.

All such cases are kept under observation at home or at the Dispensary until the diagnosis is cleared up, being written for or visited by the Tuberculosis Officer or Health Visitor, if they do not attend when asked.

(e) Nursing in the Homes.

The District Nursing Association takes on helpless cases if requested and occasionally the Tuberculosis Care Committee gives a grant in aid.

(f) Shelters in Gardens.

Four shelters are available, being supervised by the Tuberculosis Officer and Health Visitor, and creosoted when necessary.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Acts.

The number of births reported to the Health Department in 1925 was as under:—

<i>Total Births</i> —Notified by midwives	...	...	420
„ „ doctors	...	...	233
„ „ relatives and others			171
Total	...	...	824
<i>Still Births</i> —Notified by midwives	...	...	9
„ „ doctors	...	...	6
„ „ relatives and others			5
Total	...	...	20

The percentage of still births to notified births for the year was 2·4.

As regards unnotified births, there was a continued reduction in 1925, the numbers for the past 4 years being 97, 43, 31, 25. In each case a warning letter is sent to the parent or other person responsible for notification.

(b) Infantile Mortality in 1925.

Net births registered	...	...	...	...	783
Number of deaths of infants under one year	...				31
Infantile Mortality, <i>i.e.</i> , deaths under one year					
per 1,000 births	...	...	...	...	40
Net illegitimate births registered	...	...			46
Number of deaths of illegitimate infants under					
one year	...	...	...	...	6
Infantile Mortality in illegitimate infants	...				130·4

(c) Maternal Mortality in 1925.

Deaths from Puerperal Sepsis	1
Deaths from other accidents and diseases of pregnancy	1
	—
Total	2
	—

Maternal Mortality 2·6 per 1,000 births.

Table No. 1, p. 40, gives an analysis of the birth-rate, infantile and maternal mortality during the past 25 years. Table No. 2, p. 41, shows the infant deaths for 1925 in detail.

The infantile mortality for 1925 is 40 per 1,000 births, the lowest recorded in Hastings, the lowest in the preliminary returns of the County Boroughs, and along with another town the lowest in the 105 great towns of the country.

From Table No. 1 it will be noted that the number of infant deaths in the first 4 weeks was 11, or 12·8 per 1,000 births, a considerable drop from the figures of 1924 and indeed the most favourable recorded in the table. The deaths from congenital debility, prematurity and atrophy, which mostly occur in the first 4 weeks, were 11, again the most favourable figures in Table 1. It is generally admitted that the reduction in the Infantile Mortality has been less and slower in this particular direction than in any other. The results are accordingly very encouraging in view of the extension of the ante-natal clinics, the development of the Maternity Home and the general increase of propaganda and educational work. The mortality from diarrhoea and enteritis was extremely low, one death. Pneumonia and bronchitis caused 9 deaths, a figure higher than the average, and doubtless due to the prevalence of influenza and its complications in the spring.

M. and C.W. Table No. 1.

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1925.

Year.	Births.		Maternal Mortality.		Infantile Mortality.		Infant Deaths 0-4 weeks.		Deaths from Diarrhoea and Enteritis.		Deaths from Pneumonia & Bronchitis.		Deaths from Congenital Debility, Prematurity and Atrophy.	
	Births.	Birth Rate	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18·67	7	5·7	137	111	not available	24	19·5	24	19·5	23	18·7	
1905-09	1100	17·4	5	4·5	105	95	38	34·5	15	13·6	16	14·5	19	17·3
1910-14	902	14·9	3	3·3	75	83	26	28·8	13	14·4	11	12·2	28	31·0
1915	809	15·5	3	3·7	79	97	35	43·3	1	1·2	17	21·0	36	44·5
1916	785	15·7	2	2·5	47	60	22	28·0	1	1·4	6	7·6	23	29·3
1917	759	15·1	not available	not available	59	78	not available	6	7·9	not available	25	32·9		
1918	838	16·1	1	1·2	60	71	29	34·6	2	2·4	8	9·5	30	35·8
1919	784	13·0	4	5·1	56	71	33	42·1	3	3·8	6	7·7	32	40·8
1920	1146	19·1	3	2·6	59	51	28	24·4	9	7·9	6	5·2	31	27·1
1921	850	14·3	6	7·1	44	52	16	18·8	6	7·1	7	8·2	19	22·4
1922	930	15·6	8	8·6	46	49	32	34·4	3	3·2	4	4·3	29	31·2
1923	834	13·9	6	7·2	36	43	20	23·9	2	2·4	3	3·6	19	23·1
1924	778	12·9	4	5·1	54	69	29	37·3	1	1·3	11	14·1	30	38·6
1925	783	13·0	2	2·6	31	40	10	12·8	1	1·3	9	10·2	10	12·8

1925. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.		Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	+ weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	Total deaths under 1 year.
All Causes.	Certified ... Uncertified ...	7	1	1	2	11	5	10	4	4	31
Small Pox	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	1	...	...	...	1
Epidemic	...	...	...	...	...	...	...	...	...	...	...
Faceries	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	1	...	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous diseases	...	...	...	...	...	...	...	2	...	...	2
Congenital Malformation	...	2	...	...	...	2	1	2	...	...	3
Premature Birth	...	3	...	...	...	3	...	...	...	...	3
Astheny, Debility and Marasmus	...	1	1	...	...	2	...	...	...	...	2
Atelctasis	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	1	...	...	...	1	...	...	...	...	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	1	...	1	1	...	...	...	2
Meningitis	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	1	...	...	1
Gout	...	...	...	...	...	...	...	...	...	...	...
Liver	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	1	...	1	...	5	2	1	8
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	...
Supplication (overlying)	...	...	...	...	...	...	...	1	2	1	4
Other causes	...	...	...	...	...	...	...	...	...	...	...
Totals	...	7	1	1	2	10	3	10	4	4	31

Net Births in legitimate	737.
the year illegitimate	46

Net deaths in legitimate infants 25

(2) INSPECTION OF MIDWIVES AND ADMINISTRATION OF MIDWIVES' ACTS.

Miss Myers, the Inspector of Midwives, reports on this branch.

During 1925, 14 midwives notified their intention to practise, 13 certified and 1 bona-fide. Eleven of the former are controlled by the District Nursing Association, covering practically every part of the district. Of their work it is impossible to speak too highly. It is therefore quite unnecessary for the Corporation to employ municipal midwives, but financial help may be given in necessitous cases on application and after investigation by the health visitor.

The Inspector of Midwives made 38 visits to inspect kits, charts, etc., and 4 special visits, mainly in connection with contacts of infectious diseases. No irregularity, necessitating report to the committee, was discovered during the year.

According to the rules of the C.M.B. the following notices were received from midwives during the year :—

For medical help, as follows :—

(a) During Pregnancy	...	...	...	14
(b) „ Labour...	...	...	...	46
(c) „ Puerperium	...	...	...	5
(d) For the Infant	...	...	...	13
				—
		Total	...	78
				—

Other notifications by midwives under the rules were :—

1. Still-births...	...	...	...	2
2. Puerperal Fever ..	...	...	...	2
3. Ophthalmia Neonatorum	...	...	...	4
4. Death ..	...	...	...	1
5. Liability to infection	...	...	...	1
6. Artificial Feeding ...	...	...	...	7

(3) THE WORK OF THE HEALTH VISITORS.

The results of the combination of the office of Health Visitor and School Nurse continue to give every satisfaction for reasons fully stated in the last two reports. Owing to shortage of staff,

due to the lamented death of Miss Cooper by a motor accident and the illness of several other members, there is a slight reduction in the number of home visits. However, the total of 8,520 means that each baby under one year of age was visited on an average at least four times in the year, and each child between one and five years of age once during the year and in many cases, where necessity arose, at frequent intervals.

The Health Visitors continue to do valuable work in the control of infantile infectious diseases, none of which, for example measles and whooping cough, was seriously epidemic in the district in 1925. Home visits by the Health Visitors are also specially valuable in cases of pneumonia.

M. and C.W. Table No. 3.

(a) HOME VISITS (all visits included).

	First Visits.	Secondary Visits.	Total.
I. Babies under 1 year of age ...	817	2503	3320
II. Infants 1-5 years of age ...	5	4546	4551
III. Special Visits ...	87	50	137
IV. Expectant Mothers ...	180	332	512
Totals ...	1089	7431	8520

V. Unsuccessful visits included above ... 500

(b) INFECTIOUS DISEASES (Visits included under (a)).

	Notified.	Visits.			
		No. Visited.	Total Visits.	No. Nursed D.N.A.	No. Admitted Hospital.
I. Ophthalmia Neonatorum ...	8	2	3	4	6
II. Puerperal Fever ...	1	...	...	...	1
III. Measles, German Measles ...	...	6	7	...	...
IV. Whooping Cough ...	...	26	27	...	...
V. Epidemic Diarrhoea ...	...	...	...	...	...
VI. Poliomyelitis ...	1	...	...	...	1
VII. Pneumonia ...	106	47	73	8	26
VIII. Other Infectious Diseases ...	...	9	9	...	...
Totals ...	116	90	119	12	34

(c) SPECIAL REPORTS.

I. Milk Reports. New 207. Secondary 362.

Total 569

II. To Medical Officer of Health *re*

Sanitation 24

III. Other Reports 3

(d) SPECIAL INFORMATION RELATING TO OPHTHALMIA
NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	*In Hospital				
8	2	* 6	7	1	...	..

*Including Maternity Home and Hospital Out-Patient Department.

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

The four Infant Welfare Centres have fully maintained their popularity during 1925. The most grateful acknowledgment must again be made to the Service of Help for Motherhood and Infancy, which is responsible for the centres and the voluntary workers. The Corporation co-operates by supplying a health visitor and paying the doctor's fee at each weekly session. Of the four centres, those at Halton and Park View School Clinics are very fully attended, with an average attendance of between 50 and 60 mothers and infants. Bulverhythe Clinic is in a more sparsely populated district and Tackleway Clinic is difficult of access owing to a hill ; consequently the numbers are much less, approximately 50 per cent. of those attending Halton and Park View. It is felt that a better distribution of Infant Welfare Centres would be of considerable benefit. All four centres are practically on the outer circle of the town, while a comparatively densely populated part in the centre, containing many mothers who would appreciate the opportunity of attending a centre, is without facilities. The

Service of Help Society is now actively considering the question of establishing a more central clinic, which may absorb Tackleway Clinic and its workers and meet this rather pressing need. In addition to this problem there is the question of providing welfare facilities to the numerous mothers of young families in Hollington, especially in the new Council houses, Park View Clinic being both too distant and too small to meet the need.

Good work has been done at the Ante-natal Clinics, that at Halton being now well established, while the Park View Clinic more than doubled the attendances of the first year, a very gratifying performance. It is pleasing to note a welcome reduction in the maternal mortality for 1925, as undoubtedly it is in this direction, also in reducing the mortality of the first four weeks and that from still births, that the ante-natal clinics will ultimately bear most fruit.

M. and C.W. Table No. 4.

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Atten- dances.	Medical Con- sultations.
Park View...	Dr. Stanley	Thursday, 2.30 p.m.	152	1794	1946	964
Bulverhythe	Dr. G. Ticehurst	Tuesday, 2.30 p.m....	67	861	928	514
Tackleway	Dr. Farnfield	Friday, 2.30 p.m.	67	1048	1115	451
Halton	Dr. Bruce	Wednesday, 2.30 p.m.	170	1763	1933	1075
Halton, Ante-Natal	Dr. Walker	1st & 3rd Mondays, 2.30 p.m....	33	51	84	77
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m.	39	39	78	74
Totals			528	5556	6084	3155

(5) HOME HELPS.

One whole time home-help is employed on the lines fully set out in previous reports ; it has been necessary during 1925 to further increase the amount of time and cases undertaken by the second part-time home-help.

Number of cases attended in 1925—19.

(6) FERNBANK MATERNITY HOME.

No alteration has been made in the arrangement whereby cases nominated by the Maternity and Child Welfare Committee can be received in the public wards at 2½ guineas per week, the

patient contributing in accordance with her means. During 1925, 35 municipal cases were so admitted, as compared with 16 in 1924. The mothers, most of whom came from overcrowded or unhygienic homes, were unanimous in their praise of Fernbank.

Associated with the Maternity Home is an ante-natal clinic at the adjoining District Nurses Home, all cases admitted having to pass through one or other of the ante-natal clinics.

(7) DISTRIBUTION OF MILK, ETC.

A special sub-committee deals with all fresh applications for milk from necessitous expectant or nursing mothers and infants in accordance with regulations and scales approved by the Ministry of Health.

The amount of fresh milk has slightly increased, that of dried milk is reduced, as compared with 1924. The number of individuals in receipt of milk has slightly increased.

SUMMARY OF DISTRIBUTION OF MILK.

(a) Fresh milk	...	...	...	16,415 pints.
(b) Dried milk	...	...	...	378 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	301

(8) DENTAL TREATMENT.

Dental treatment by the School Dentist is now available for children under five years of age at the two school clinics and for expectant and nursing mothers at the Dental Department of the Royal East Sussex Hospital. During 1925 20 children and 10 expectant or nursing mothers received treatment.

A start has therefore been made with this important aspect of preventive medicine. At present it is somewhat difficult to persuade mothers to go themselves or to take their children even although the teeth are very carious or pyorrhœa is bad, but every opportunity is taken of teaching the home truths about the dangers of dental sepsis, both near and remote. In the case of

the mothers the mouths are frequently in such bad condition that there is only one thing to do—complete extraction followed by dentures. In several cases so treated we are able to record that the health has improved considerably.

(9) ORTHOPÆDIAC SCHEME—SUN-RAY TREATMENT.

During 1925 a scheme was under discussion for the establishment of an Orthopædiac Clinic at the Royal East Sussex Hospital to which, among other cases, children nominated from the Welfare Centres, suffering from infantile paralysis or crippling of any description, could go for expert treatment. In addition it is hoped to make use of the Sun-ray Clinic at the same hospital for infants suffering from debility, marasmus and abdominal tuberculosis under a definite arrangement.

VENEREAL DISEASES.

(a) Details of Scheme.

The new Venereal Diseases Clinic was opened in January, 1924, replacing the totally inadequate accommodation in the old East Sussex Hospital. The clinic and its working were fully described in the reports for 1923 and 1924. Based on the model of Col. Harrison, it gives complete privacy to patients of both sexes, and permits of the most convenient working with up-to-date appliances.

The clinic deals with all cases of venereal disease in the County Borough of Hastings and a considerable portion of the surrounding East Sussex County, the proportion of attendances being roughly 3 parts Hastings, 1 part East Sussex.

Regular sessions are held daily except Fridays and Sundays, intermediate treatment being available at almost any time.

(b) Extent of Development of Scheme.

In its main elements the scheme as regards buildings, equipment, opportunities for examination and treatment is fully developed. Minor points crop up from time to time as the result of experience here or elsewhere.

(c) Adequacy of Provision.

It is maintained that the provision now made is in the main entirely adequate, with certain provisos mentioned below.

(d) Extensions or Modifications of the Scheme recommended.

1. From time to time there come before the Medical Officer cases of women suffering from venereal disease for whom Hostel treatment, as apart from Hospital, is strongly indicated, in the hope that the moral control of the Hostel, combined with medical supervision and treatment, may effect a permanent cure. Such Hostels do exist and a small sum has been put down in next year's estimates to meet such cases.

2. The question of dental treatment has been considered. Undoubtedly it is of importance, especially in cases of syphilis undergoing treatment with mercurial preparations or potassium iodide. There is now excellent provision for dental work at the Royal East Sussex Hospital, and it has been decided that the Council shall not undertake the responsibility of dental treatment of venereal cases, but that such cases should apply as ordinary Hospital Out-patients. The Medical Officer to the Venereal Diseases Clinic naturally interests himself in obtaining the necessary dental treatment under proper precautions.

3. The Medical Officer of the clinic suggests that it would be desirable to appoint eventually a woman doctor to take over female gonorrhœa cases on the Thursday sessions and further that the Hospital Almoner should be appointed to follow up cases in the homes where necessary from a social point of view and to prevent discontinuance of treatment.

(e) Co-operation of Local Medical Profession.

This is excellent. The medical men of the town take considerable interest both in the work of the clinic generally and in the progress of their own patients in attendance.

(f) Publicity and Propaganda.

The special plaque of the National Society for combating Venereal Diseases is prominently placed in every public lavatory of the Borough, in the station lavatories and the Public Health Department. The medical officer of the clinic informs me that a certain proportion of first visits of definite cases are prompted by these, also a considerable number of negative cases who have risked infection.

(g) Miscellaneous Points.

1. All local medical practitioners receive a copy of the Annual Report of the Medical Officer of Health and are therefore

periodically reminded of the existence of the Venereal Diseases Clinic and the scope of its work. The Medical Officer of the clinic is available for free consultation at 5 clinics weekly and at other times by appointment.

2—3. One general practitioner (apart from the consulting staffs of the two hospitals) is qualified to receive free supplies of arseno-benzol compounds, but during the past year none of these compounds were actually supplied.

4. The practitioners of the town have generally availed themselves adequately of the facilities for pathological examinations at the Hospital.

Attention is directed to the comparative table showing a summary of 5 years' work as regards Hastings cases of venereal diseases at the clinic. It will be noted that new cases of syphilis are slowly decreasing, that new cases of gonorrhoea are now tending to increase, also examinations of cases suffering from non-venereal conditions, and that the total visits have progressively increased from 2,226 to 4,508, due mainly to better facilities for treatment and more frequent visits of approximately the same number of cases on the books.

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1921-1925. HASTINGS CASES ONLY.

	1921	1922	1923	1924	1925	Total
Number of new cases suffering from,—						
(a) Syphilis	71	56	58	50	49	284
(b) Soft Chancre	4	1	...	1	...	6
(c) Gonorrhoea	39	26	27	33	41	166
(d) Non-venereal conditions	55	67	70	77	84	353
Total	169	150	155	161	174	809
Total attendances out-patient clinic	2226	2524	3319	3736	4508	16313
In-patient days	184	147	7	143	16	497
Doses of Salvarsan :—						
Out-Patient Clinic	716	1277	1102	1021	1025	5141
In-Patient Department	18	14	...	2	1	35
*Pathological Examinations—						
(a) Examined by Medical Officer, V.D. Clinic ...	211	193	157	165	182	908
(b) Sent to approved laboratory	310	303	352	384	378	1727

* These include all specimens.

**Return relating to all persons who were treated at the
Treatment Centre at Hastings during the year
ended the 31st December, 1925.**

	Syphilis.		Soft Chancre.		Gonorrhoea		Conditions other than Venereal.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of persons who, on the 1st January, 1925, were under treatment or observation for	72	100	1	...	20	13	...	...	93	113
2 (a). Number dealt with during the year in the out-patient Clinic for the first time	51	36	...	...	52	28	74	44	177	108
Total—Items 1 & 2 (a) ...	123	136	1	...	72	41	74	44	270	221
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	13	5	...	...	15	9	...	...	28	14
3. Number of persons who ceased to attend the out-patient Clinic (a) before completing the first course of treatment for	3	4	...	...	9	6	...	...	12	10
(b) after one or more courses but before completion of treatment for	10	10	...	...	...	...	...	...	10	10
(c) after completion of treatment but before final tests as to cure of	8	8	1	...	11	5	...	...	20	13
4. Number of persons transferred to other treatment Centres after treatment for	14	7	...	...	16	4	...	...	30	11
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for	15	7	...	...	17	5	...	...	32	12
6. Number of persons who, on the 1st January, 1922, were under treatment or observation for ...	73	100	...	...	19	21	2	2	94	123
Total—Items 3, 4, 5 & 6 ...	123	136	1	...	72	41	2	2	198	179
7. Out-patient attendances:—										
(a) For individual attention by the Medical Officer ...	1260	1343	...	...	910	607	156	92	2326	2042
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	17	6	...	...	96	119	5	...	98	1201
Total attendances ...	1277	1349	...	...	1879	1802	156	92	3312	3243
8. Aggregate number of "in patient days" of treatment given to persons who were suffering from	5	31	...	...	7	56	...	...	12	87

	For detection of			For Wassermann Reaction.
	Spirochetes	Gonococci.	Other Organisms and Vaccines.	
a. Examinations of pathological material:—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	...	174	8	..
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	8 C.S.F.	370

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Hastings.	East Sussex.	Foreign.	Total.
(A) Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic <i>for the first time</i> and found to be suffering from:				
Syphilis	40	26	12	87
Soft Chancre	...	..	...	...
Gonorrhoea	41	24	15	80
Conditions other than venereal ...	84	27	7	118
Total	174	77	34	285
(B) Total number of attendances at the out-patient Clinic of all patients residing in each area	4,508	1,728	318	6,555
(C) Aggregate number of "in-patient days" of all patients residing in each area	16	83	...	99
(D) Number of doses of Salvarsan substitutes given in the:				
1. Out-patient Clinic.	1,025	439	67	1,531
2. In-patient Department to patients residing in each area.	1	1	...	2

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY,
1926, FOR WHOM THE LOCAL AUTHORITY IS, OR IS LIKELY TO
BE, RESPONSIBLE.

Category.	Males.	Females.	Total.
1. Under "Order" (cases "on licence" to be included):			
(a) In Institutions	7	16	23
(b) Under Guardianship ...	6	11	17
2. In Institutions or under Guardian- ship dealt with under S. 3			
Permissive powers	2		2
3. In places of safety	1		1
4. Under Statutory supervision ...	11	15	26
Numbers if any, of foregoing—			
(a) attending Occupation Centres	2*	5*	7*
(b) awaiting removal to In- stitution	...	1	1
5. Under Voluntary Supervision ...	...	1	1
Numbers if any, of foregoing attending Occupation Centres, ...	...		...
6. Subject to be dealt with but action not yet taken:			
(a) Notified by Education Authority	...	1	1
(b) Otherwise ascertained ...	...	1	1
7. Under consideration	1		1
Totals	28	46	74

* Not included in Totals.

The best proof of the forward policy of the Mental Deficiency Committee is a comparison of the figures of the defectives for whom the Local Authority is responsible for the past 5 years:—

1921	...	...	...	...	...	29 cases.
1922	...	...	...	...	...	33 "
1923	...	...	...	...	...	46 "
1924	...	...	...	...	...	58 "
1925	...	...	...	...	...	74 "

These figures show a significant increase in the amount of work being carried out in ascertainment, supervision and, where necessary, maintenance in guardianship or institutions, on the lines approved and recommended by the parent body, the Board of Control.

(a) Ascertainment of Defectives.

Many agents are at work in the original notification of a suspected defective, e.g., the Officers of the Mental Deficiency Committee, who are also School Nurses and School Attendance Officers, the Special School for mentally defective children, the Officers of the Poor Law Authority, or the Police Probation Officers. Every case is examined by the Medical Officer of the Committee, who is also Medical Officer of Health and School Medical Officer, or his Deputy, and dealt with on its merits.

(b) Supervision.

All cases, not in homes or institutions, are visited once monthly by the authorised Officers of the Committee and their reports are scrutinised by the Medical Officer before being sent to Committee.

(c) Guardianship Cases.

The Committee, fully satisfied with previous results, has extended this method of dealing with cases, where the parental financial resources are poor, and there is no necessity for institutional treatment. Most of the cases are actually in their own homes, the amounts paid to the guardian varying from 5s. to 10s. weekly; a few cases are in homes or farms under the Brighton Guardianship Society.

(d) Cases in Institutions.

No mental defective is sent away to an Institution, unless the Committee is convinced that this course is absolutely necessary in the interests of the defective or of the public or of both. As a matter of fact there are few suitable institutions within reasonable reach, and there is often a prolonged wait before a case can be admitted. The number in institutions, for whom the Committee is responsible, has increased during the past year from 19 to 23.

(e) The Occupation Centre.

It is pleasant to record the continued success of the Occupation Centre for low grade defectives, which is open on three afternoons weekly at the Halton Infant Welfare Centre. This work is carried on under the auspices of the Voluntary Association for Mental Welfare, in close co-operation with the Mental Deficiency Committee. Of the 21 cases attending, 7 come from the Infirmary, the remainder being under Home Guardianship or Statutory Supervision. Not only are these defectives amused, but they are taught to make rugs, baskets and raffia work. Parents of cases attending are loud in their praise of the good work.

SCHOOL MEDICAL SERVICE.

Introductory.

The work of the School Medical Service, amalgamated with that of the general Health Department in January 1924, has continued on well recognised lines, of which the following constitutes a summary :—

(a) Routine medical examination of 1,876 children in the elementary schools, 230 girls in the Secondary School and 58 children in the Special School for the Mentally Defective.

(b) Medical examination and treatment, where necessary, at two school clinics of 2,649 children, who made 15,385 attendances.

(c) 8,146 re-inspections by the Medical Officer at the schools or clinics.

(d) The examination by refraction of 265 cases of defective vision, 189 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment at the two local voluntary hospitals of 47 cases of enlarged tonsils or adenoids or both.

(f) The treatment of 2,177 minor ailments at the two clinics.

(g) Provision of simple treatments, *e.g.*, lotions, ointments, dressings for minor ailments and nutritive drugs, *e.g.*, cod liver oil, cod liver oil and malt and virol, the total issues for the year being 17,072.

(h) Dental inspection by the School Dentist of 8,896 children, of whom 1,932 were actually treated during the year.

(i) Cleanliness inspections to the number of 15,889 by the School Nurses, 1,160 children being found defective in some degree or other, and 44 being cleansed at the public station.

(j) Control of infectious disease, with numerous visits by the staff to the schools and homes for the purpose of following up cases or tracing sources of infection, total exclusions being 1,224, total home visits, 1,803.

Throughout the year there have been no new departures of any consequence, but existing methods and administration have at all times been kept under critical scrutiny, and improvements in detail carried out as required. Schemes have been thought out and brought before the responsible committee with regard to

- (a) An Orthopaedic Clinic.
- (b) An Open Air School for Physically Defective Children.
- (c) "Sun-ray " treatment for selected cases.

Considerable attention has been given to the matter of mothercraft teaching of the older girls on the lines recommended by the Board of Education in Circular 1353 of January, 1925.

The Committee has also considered the matter of appointing a specialist instructor of Physical Training.

1. STAFF.

See "Staff of the Health Department," p. 109.

2. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

(a) Infant and Child Welfare.

The combination of the post of Health Visitor and School Nurse ensures co-ordination in this respect, the results of two years' working being in my opinion eminently satisfactory. Arrangements have been made for the transfer of cards of infants from the Welfare Centres to the School Clinics.

(b) Nursery Schools.

None are established, but in fact a considerable number of "toddlers" aged 3 and 4 years do attend the infant departments, where special arrangements have in certain cases been made, including stretchers for a rest period in the afternoon.

(c) Debilitated Children under School Age.

Such children may come under notice either through the home visits of the Health Visitor, or attendance at an infant welfare centre, or a school clinic, if at school. In necessitous cases milk may be supplied free of cost on the recommendation of the medical officer of a centre. Lunch milk can also be supplied at school on the recommendation of the School Medical Officer, but a debilitated child under five years of age should certainly be excluded from school.

3. SCHOOL HYGIENE.

The arrangement of 22 elementary schools, 10 provided, 12 non-provided, with 10 departments, which held during 1925, was altered on January 1st, 1926, to a system of Central, Senior,

Junior and Infants' Schools in accordance with modern principles of elementary school administration.

The following return shows the accommodation and attendances for the quarter ending 31st December, 1925:—

Total accommodation	...	...	...	9,805
Average number on registers	...	...	...	6,749
Average attendance...	...	...	...	6,111
Percentage of attendance	...	...	...	90.5

For the whole year the average attendance was 5,915, compared with 5,983 for 1924. The percentage of elementary school children to the total population is 11.1. I commented in last year's report on the decline of the number of school children, corresponding with the gradual fall of 40 per cent. in the birth rate in the past 25 years.

The general cleanliness of the schools remains satisfactory. Demonstrations of the methods in use of cleansing and disinfecting the public lavatories were given to all caretakers of schools with excellent results. Consideration was given to the question of drinking vessels and it was decided to abolish the enamelled cup, which gets chipped and broken and must be capable of communicating infection. Automatic drinking taps were considered, but, in view of the cost, a specially approved aluminium cup was provided, which, although not ideal, is a distinct improvement on the enamelled cup. The provision of blackboards and desks is satisfactory, and as regards the latter very considerable improvements are being introduced in the central schools and the infant departments.

A considerable sum, over £2,000, was provided in the estimates for general repairs and decorations including improvements, much needed, in the lavatories of two schools. As regards the older schools, mentioned in last year's report, plans have been prepared by the Managers, in accordance with the suggestions of the Board of Education, incorporating extensive hygienic improvements, which will probably materialise during the current year. The main difficulty in dealing with these older schools, with their defects of lighting and ventilation, lavatory accommodation and often lack of playground space is that of finance.

The heating of the schools is generally adequate; but in a few cases, especially in smaller rooms, the atmosphere deteriorates

by the use of coke stoves. Water supply is generally good throughout for all purposes. Apart from heating pipes, fires and stoves, there are no definite arrangements for drying clothes and boots.

Meals in the Schools.

The Board of Education has asked for special information relating to mid-day meals, partaken of by children in the schools, with regard to (1) warming up, (2) supervision, (3) service. As the distances to be travelled by a proportion of the children formed the main criticism against the reorganisation of the schools, I have gone into this matter in some detail. Apart from the Secondary School for Girls and the Special School, where those remaining for dinner have a properly cooked and excellently served substantial mid-day meal, about 250 children from 22 schools or departments, in numbers varying from 2 to 40, have mid-day meals in the schools. The provision made at the schools varies considerably. In quite a number gas stoves or rings or fires are available for heating cocoa or soup or boiling eggs. In a few no such provision is made. Tables are provided in some schools; in others the desks are used. In most schools the head teachers, members of the staff or the caretakers are present to ensure that the meals are properly served and hot; in a few schools there is no special supervision.

At one school, where the average number staying for the mid-day meal is 35-40, the central hall with proper tables and table-cloths is used. Hot drinks and soup are obtained from the cookery school. A prefect, or the senior pupil present, supervises the meal, the caretaker being also on the premises.

At another school the average number is 7, one teacher always being present to superintend the heating of the food on a gas ring. The meal is served in the head teacher's room, a different child being responsible for washing and cleaning up each day.

The quality and quantity of the meal depend, of course, upon the care and financial ability of the mother, but included are sandwiches, bread and butter and jam, pies, eggs, cocoa, bovril and milk. It is clear that, in addition, the teachers, often at considerable inconvenience and the shortening of their own lunch interval, have done a great deal for the comfort of the children, especially in seeing that the drinks are warmed and the meals reasonably served and not gobbled.

From the reports received it is obvious that the conveniences for warming and serving the meal are not quite uniform. In the interests of the children's health I am of opinion that the large number staying to meals warrants this matter being looked into by the authorities of each school from the following points of view.

(a) That some means of warming meals should be provided in all schools where children are in the habit of staying behind at mid-day.

(b) That the meal should be decently served.

(c) That some supervision should be available, and that, where the teachers cannot undertake this, (nor is it fair or reasonable to ask them) the services of the caretaker should be made available.

In a considerable number of schools it will be found that the three points are adequately met, but, where they are not, I think an effort should be made to reach the standard suggested. In addition, children bringing unsuitable or indigestible food should be reported to the School Medical Officer, through whose agency diplomatic efforts would be made in the home to have this corrected.

4. MEDICAL INSPECTION.

Dr. Turner, Deputy School Medical Officer, reports :—

“(a) Age Groups of Children Inspected.

At the routine medical inspection in 1925 1,876 children were examined in the elementary schools; of these 675 were leavers of the 12 year old group, 432 in the intermediate or 8 year old, and 769 entrants.

427 children were re-inspected at the schools.

It will be observed that the number of children examined in the intermediate and eight year old group is decidedly lower than in the other two groups. This is due to the fact that the number of children born in 1917 was much below the average.

(b) Schedule of Medical Inspection.

The schedule now in use for some years has been drawn up with a view to obtaining all the necessary information for the Board of Education statistics.

(c) **Disturbance of School Arrangements.**

The medical staff endeavour, as far as possible, not to interfere with the routine school arrangements while conducting the examinations. The head teachers and their staffs are always ready to arrange for the use of a class-room in those schools where a teacher's room is not available.

{ **5. FINDINGS OF MEDICAL INSPECTION.**
 { **8. MEDICAL TREATMENT.**

(a) **Uncleanliness.**

Fortunately the gross conditions of uncleanliness, which were by no means uncommon in the schools some 15 years ago, have now ceased to exist. At the same time it is still essential for the nursing staff to pay frequent visits to the schools for these inspections, also to impress on the parents the necessity of absolute cleanliness.

Table IV., Group 5. Uncleanliness and Verminous Conditions.

1. Average number of visits per school made during the year by the school nurses ...	20
2. Total number of examinations of children in the schools by school nurses	13,380
3. Number of individual children found unclean ...	640
4. Number of children cleansed under arrangements made by the Local Education Authority ...	13
5. Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under School Attendance Bye-laws ...	Nil.

(b) **Minor Ailments, including Skin Diseases.**

Various defects of the skin, eye, ear, tonsils and adenoids numbered 422. Other conditions of the nose and throat accounted for 55 cases.

(1) **RINGWORM OF THE HEAD.**

It is satisfactory to report that this disease shows a steady decline, no cases having been found at the routine medical inspection, and only 11 cases attending the clinics. The treatment by means of a strong preparation of iodine is carried out by the school nurse and special precautions are taken to prevent the spread to other children.

(2) **RINGWORM OF THE BODY.**

Five cases were found at routine medical inspection, and 20 cases presented themselves for treatment at the clinics. Fortunately this variety soon yields to simple treatment, the loss of school attendance being trivial compared with ringworm of the scalp.

(3) **SCABIES.**

Two cases only were recorded, which soon responded to sulphur treatment, combined with a course of the baths at Rock-a-Nore Cleansing Station.

(4) **IMPETIGO CONTAGIOSA.**

Unfortunately these cases are still of frequent occurrence and notwithstanding energetic treatment some do not respond quickly, continuing treatment for a considerable time. During the year no less than 145 cases received treatment.

(5) **OTHER DISEASES OF THE SKIN.**

The majority of these cases were septic sores, abscesses, boils, burns, etc., 45 from routine inspection, and 933 seen at the clinic.

(c) **Tonsils and Adenoids.**

At the routine inspection 263 children were found to be suffering from enlargement of the above in varying degrees. Of these 50 were recommended various forms of treatment, while altogether 47 cases were operated upon under the Authority's scheme.

(d) **Tuberculosis.**

Parents as a rule bring their children for examination at once if there is the slightest suspicion of any symptoms. Thereby early or suspected cases can be kept under observation.

All cases diagnosed or suspected (see Table II.—Page 77) at the routine inspections or the school clinics are sent to the tuberculosis clinic, where appropriate measures of treatment can be carried out. Especially valuable is the removal of an early or suspected case to the country under the auspices of the Tuberculosis Care Committee. Several children have done very well at the special children's ward at Darvell Hall Sanatorium.

(e) **External Eye Disease.**

The diseases most commonly met with are various forms of conjunctivitis, blepharitis, styes and corneal ulcers.

At the routine inspection 17 cases, and at the inspection clinic 101 cases were referred for treatment.

The more severe cases treated at the clinic are seen as frequently as possible, and, if necessary, referred to the local hospital for consultation and in some cases admission. These eye conditions are frequently the cause of much anxiety in view of the fact that the home supervision is not always to be relied upon.

(f) Defective Vision.

See Table IV., Group II., Page 81.

(g) Ear Disease and Hearing.

Otitis media continues to be the chief ear trouble among the children, but fortunately during the past year there has been a decided drop in the number of cases at the clinics. Notwithstanding the success attained with new methods of treatment there are always a certain number of cases in which granulations are present in the middle ear with the result that their only chance of recovery is by means of operation. Such cases are duly referred to the hospitals since there is always a danger of an abscess of the mastoid bone or brain or other intracranial conditions."

(h) Dental Treatment.

Mr. W. D. Penfold, School Dentist, reports :—"Changes in administration carried out during 1925 have resulted in a very satisfactory increase in the amount of work completed. The waste of time, due to the non-attendance of children notified for treatment, has been practically overcome by obtaining the parents' permission to carry out the necessary treatment before notifying the children to attend.

Of the 22 schools, 11 were visited for inspection twice during the twelve months and 75 children were re-treated as a result of this second examination. This indicates the necessity of examination at least every six months.

Attendances by the children for treatment show an increase of 30% on the previous year.

Work was extended to include children under the age of 5 years whether attending school or not. Of these 20 were sent up by the Infant Welfare Centres. Treatment for such small patients is of course very difficult, but in many cases it was possible to do something to counteract early caries.

It is gratifying to note that the number of fillings in permanent teeth steadily increases whilst the number of extractions decreases. The increase in the number of temporary teeth extracted is due probably to the inclusion of the younger patients. Time and again it is found that these little ones are brought to the clinic with abscessed and septic teeth which might easily have been saved if seen earlier. The supposition that the temporary teeth do not matter is as general as it is erroneous and, until parents realise the importance of retaining the temporary teeth until the permanents are ready to replace them, the extraction of the temporary teeth will be found necessary in far more cases than should be. Much could be done at the Infant Welfare Centres to correct this mistaken idea.

From the beginning of December, 1925, the work of the department was extended, extra sessions being put in on Saturday mornings and during part of the school holidays. It was found that a very good percentage of the children notified to attend the Clinic on these "non-school" days put in an appearance. This extension of the working hours must of course bring about a still further increase in the work accomplished. It is anticipated that it will be possible to visit all schools twice during the twelve months."

6. INFECTIOUS DISEASE.

(See Infectious Diseases—pp. 22 to 26.)

The notifiable infectious diseases were mild in type and slight in incidence. No particular school was implicated during 1925.

The non-notifiable infectious diseases did not at any time assume epidemic proportions, nor was it necessary to resort to the closure of any school.

Non-notifiable Infectious Diseases.

REPORTED BY HEAD TEACHERS, SCHOOL NURSES AND
SCHOOL ATTENDANCE OFFICERS.

Measles	...	...	...	...	nil.
German Measles	...	...	...	...	nil.
Whooping Cough	...	...	...	...	132
Chicken-pox	...	...	...	...	49
Mumps	...	...	...	...	36
Scabies...	...	...	...	...	2
Ringworm of Head	...	...	...	...	2
Ringworm of Body	...	...	...	...	1
Total	...	...	...	...	<u>299</u>

Exclusions from School.

During the year 1,224 children were excluded from school for the following diseases :—

1.	Infectious Diseases (including Rheumatism and Influenza)	...	...	...	...	349
2.	Diseases of the Skin (including Ringworm)	...	...	...	...	123
3.	Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	...	...	...	...	207
4.	Nervous Conditions, including St. Vitus' Dance, Epilepsy, etc.	...	...	...	...	27
5.	Diseases of the Digestive System	...	...	...	...	31
6.	Bronchial Catarrh and Colds, etc...	...	...	...	...	245
7.	Heart Disease	...	...	...	...	3
8.	Injuries	...	...	...	...	31
9.	Diseases of the Ear	...	...	...	...	14
10.	Diseases of the Eye	...	...	...	...	12
*11.	Tuberculous Diseases (definite or suspected)	...	...	...	...	6
12.	Other Diseases	...	...	...	...	173
	Total	...	...	...	...	<u>1,221</u>

*This does not include children excluded by the Tuberculosis Medical Officer.

As recorded by the routine and special inspections those three infectious diseases which are closely relative to uncleanly conditions, scabies, ringworm and impetigo contagiosa, continue to show a decided improvement in their incidence.

The following certificates were given for schools in which the attendance fell below 60% under Grant Regulations 8 and 9.

Influenza or Influenza and Mumps ...	17 certificates.
Whooping Cough 8 ..	

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School)...	23
Visits of Nurses to Schools	285
" " " " Departments... ..	310
Visits to Homes :—	
By direct instruction of School Medical Officer	319
At request of School Attendance Officers ...	237
Following up cases of uncleanness ...	288
General cases, following up	601
School Visits—miscellaneous	358
Total	<u>1,803</u>
Examinations for cleanliness :—	
Primary	12,984
Secondary	<u>2,905</u>
Total	<u>15,889</u>

Wherever possible the School Medical Officer interviews parents at school medical inspection or at the clinics. Cases in which the appropriate treatment is not obtained are followed up by home visits of the nurse at the request of the School Medical Officer or of the teacher. The School Nurse also follows up in the home cases referred to her by the School Attendance Officers, or from her own cleanliness inspections. Only very occasionally is there any trouble in obtaining eventually the necessary treatment, but in these cases a visit from the Inspector of the N.S.P.C.C., who works in the greatest harmony with the school medical service, is invariably successful.

9. OPEN-AIR EDUCATION.

Playground classes are held in many of the schools in the summer months, and short journeys are also made to Corporation parks and gardens for nature study.

The question of a day open-air school for physically defective school children has been before the committees responsible during the year, a report which incorporated the experience of visits to Barking and Kettering Open-Air Schools having been submitted. It is considered that such a school, somewhat on the lines of Barking, with places for 80-100 children, should be provided, and that, if possible, the administration should be combined with that of the existing Special School, a site being found near by.

10. PHYSICAL TRAINING.

Excellent work in this direction is carried out by the teachers, many of whom have attended courses of special instruction. No further action has been taken with regard to the appointment of a specialist supervisor of physical training.

11. PROVISION OF MEALS.

Dinners for necessitous children were provided from January 26th to April 8th, 1925, the numbers in attendance varying from 233 to 269, figures closely corresponding to those of 1924.

The general arrangements with regard to the selection of children, income scale, type of restaurant and menus, which had been satisfactory in previous years and have been fully described in recent annual reports were continued.

The restaurants in different parts of the town were supervised and visited regularly by members of the school medical staff, the school attendance officers and teachers. Generally speaking the quality and quantity of the dinners were excellent.

In addition to the dinners lunch milk was provided throughout the year to certain children, varying in number from 15-10, specially recommended by the School Medical Officer as suffering from debility or malnutrition, latent or suspected tuberculosis.

12. SCHOOL BATHS.

None are provided except at the Hollington School, where a slipper bath, with abundant hot water, is available. Verminous or filthy school children are bathed at the Municipal Cleansing Station, Rock-a-Nore, under the superintendence of a female bath attendant, the clothing being disinfected at the same time.

13. CO-OPERATION OF PARENTS.

Dr. Turner reports :—"At the routine inspection 63 per cent. of the parents attended, which number would certainly have been larger but for the fact that a considerable number of the mothers go out to work daily. As evidence of the interest in the findings the numerous requests from parents unable to be present to be informed concerning the results and their desire to carry out any treatment suggested may be mentioned.

14. CO-OPERATION OF TEACHERS.

The teachers continue to give most valuable aid both in connection with the work of medical inspection and also in the general supervision of children attending the clinics. Without such co-operation the work would lose much of its practical value.

I do not think it is generally recognised how friendly is the feeling which exists between many of the teachers and the children, not only as regards education but in matters of health and moral welfare, the careers of their former pupils being frequently followed up with keen interest.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The close and valuable connection between the School Medical Service and the School Attendance Department was fully dealt with in the report for 1924.

16. CO-OPERATION OF VOLUNTARY BODIES.

This was fully dealt with in the report for 1923.

17. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

(a) Ascertainment and Treatment.

All cases coming within the category of the Board's Table III. are entered in a special register under the appropriate defect. Each case has a clinic card on which entries are made from time to time, and an entry is also made in the register each December. In addition children, permanently absent from school, are kept under close observation and regularly brought under the notice of the School Medical Officer, either personally or by reports from the School Attendance Officers, the School Nurses or the private medical attendants.

As regards the blind and the deaf children in Table III., it appears to be exceedingly difficult to get suitable institutions for several cases, especially in the combination of blindness with mental deficiency. With regard to the partially blind, especially myopes, there are not sufficient numbers to justify a special class, each case being dealt with on its merits under the supervision of the School Medical Officer at the ordinary school.

With regard to cases of tuberculosis, coming within the terms of Table III., there is close co-operation with the Tuberculosis Officer, who is also Medical Officer of Health and School Medical Officer. As required pulmonary cases are sent to Darvell Hall Sanatorium, surgical cases to the Royal East Sussex Hospital, and suspected cases to the country under the Tuberculosis Care Committee. The most important missing link in the valuable chain of anti-tuberculous methods in school children is the open-air school, the provision of which, as previously stated, is now before the Committee.

As regards other physically defectives, including cripples, apart from private practitioners in a few cases, most obtain treatment at one or other of the local hospitals, the main difficulty, especially in crippling, being lack of concentration and continuity of treatment. I outlined in the report for 1924 a proposed Sussex Orthopædic Scheme to remedy this. As a result of much thought and discussion it is now possible to present to the Board a scheme for Hastings and the surrounding area, including Bexhill and a part of the East Sussex County, centred round the Royal East Sussex Hospital, Hastings. A properly equipped orthopædic clinic with a local orthopædic surgeon and a specially trained sister-in-charge is to be supplied by the hospital, in-patients for short duration being taken by the hospital, prolonged cases being sent to one or other of the large special institutions. Combined with the clinic will be arrangements for massage, electric, X-ray and Sun-ray treatment.

(b) Supervision of Mentally Defective Children not in Special Schools.

The Special School can take practically all the medium or high grade cases as they are diagnosed and certified, so that the waiting list is small. Lower grade cases, imbeciles and idiots are under the supervision of the Health Visitors and School

Attendance Officers in their capacity as officers under the Mental Deficiency Committee. There are no official classes for dull and backward children, but individual efforts have been made by several of the head teachers to give special attention to cases in their schools. From time to time head teachers are asked to submit with reports on the official form names of children whom they consider suitable candidates for the Special School for examination by the School Medical Officer.

(c) Hollington Special School for Mentally Defective Children.

The average number of children on the roll during 1925 was 62, the average attendances being very satisfactory. Fifteen pupils were discharged during 1925 with the following excellent results :—

To earn living	...	...	...	11
„ institution	...	...	...	1
„ elementary school	...	...	...	1
„ other districts	...	...	...	2
Total	...	...	...	15

The following details with regard to the 78 pupils discharged, since the Special School was opened in 1917, have been furnished to me by the head mistress :—

Earning living	...	...	...	34
Non-educable	...	...	...	17
Transferred to institutions	...	...	...	5
Returned to elementary schools	...	...	...	10
Left district...	...	...	...	10
Transferred to school for deaf	...	...	...	1
Dead	...	...	...	1
Total	...	...	...	78

All these pupils are on the books of a special after-care committee, which does most valuable work by keeping in touch, organising social gatherings and helping generally with regard to employment.

Every child was medically inspected during 1925 in accordance with the requirements of the Board of Education. As a result of various factors, *e.g.*, the excellent mid-day meal, the good hygienic conditions prevailing in the school as regards ventilation,

air and sunlight, and the daily rest period, the children invariably improve in appearance, health and weight after admission. In accordance with the general experience, however, the number of children, 31 per cent., with defects requiring treatment is somewhat higher than that of the elementary school children, 23 per cent., and would have been higher still but for the fact that all the children in the Special School are examined every year, so that many of the children had had defects treated during the past two or three years. As usual with mentally deficient children there was a preponderance of defects of the nose and throat, vision and posture. It is gratifying to report that on re-inspection practically every defect had received or was receiving appropriate treatment.

The type of child now being turned out at this Special School at or about the age of 16 is rapidly improving owing to the definite policy of (a) discharging without undue delay all hopelessly ineducable cases, and (b) only admitting feeble-minded children of a high grade who can really respond to the educational and training facilities offered. Ineducable cases can now go to the Occupation Centre. As a result also of this policy the opposition of parents to the Special School or as they called it the "Silly" School is slowly disappearing. The publicity given to a case in which a magistrate's order was obtained compelling a parent to send his child to the Special School has also had an excellent effect.

The cleanliness of the children was admirable in 1925, thanks largely to the provision of baths and an abundant hot water supply at the school.

Hollington "Special" School.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1925.

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION	...	...
UNCLEANLINESS :—		
Head	...	...
Body	...	...
Defective Footgear	...	...
SKIN :—		
Ringworm, Scalp	...	...
Ringworm, Body	...	...
Scabies	...	...
Impetigo	...	...
Other Skin Diseases (Non-Tuberculous)	2	

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis	...	...
Conjunctivitis	1	...
Keratitis	...	...
Corneal Opacities	...	...
Defective Vision (excluding squint) ...	5	1
Squint	1	...
Other conditions	...	...
EAR :—		
Defective Hearing	2	2
Otitis Media	...	...
Other Ear Diseases	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only	4	2
Adenoids only	1	1
Enlarged Tonsils and Adenoids	2	2
Other Conditions	1	4
Enlarged Cervical Glands (Non-Tuber- culous)	...	3
Defective Speech	...	5
Teeth—Dental Diseases	34	23
HEART AND CIRCULATION :—		
Heart Disease—		
Organic	...	1
Functional	...	3
Anæmia	...	1
LUNGS :—		
Bronchitis	...	6
Other Non-Tubercular Diseases	...	...
TUBERCULOSIS :—		
Pulmonary—		
Definite	...	...
Suspected	...	2
Non-Pulmonary		
Glands	...	...
Spine	...	...
Hip	...	...
Other Bones and Joints	...	...
Skin	...	...
Other Forms	...	...
NERVOUS SYSTEM :—		
Epilepsy	...	...
Chorea	...	...
Other Conditions	...	...
DEFORMITIES :—		
Rickets	...	1
Spinal Curvature	1	...
Other Forms	3	3
Other Defects and Diseases	1	1

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL TREATMENT).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Special School . . .	58	18	31%

18. NURSERY SCHOOLS.

No provision has been made, nor does any appear necessary in view of the ample accommodation at the existing Infant Departments and the arrangements already made for admitting "toddlers" into such.

19. SECONDARY SCHOOL FOR GIRLS.

Dr. Turner reports :—" The following table gives the number of pupils at the above school and the number inspected during 1925 :—

Inspected	...	...	...	...	230
Absent	...	...	...	...	6
Student Teachers	...	...	...	...	4
Object to Inspection	...	...	...	...	1
Total number on school register					241

The health of the children generally is excellent, undoubtedly due in a great measure to the constant personal supervision of the Headmistress, also to the fact that the school is situated on high ground overlooking the town, commanding glorious sea views, with a bracing and invigorating atmosphere which tends to make it an ideal spot for children.

A detailed analysis of the findings of the medical inspection is given on page 72.

Spinal curvature and other postural defects discovered at the inspections received special remedial exercises from the gymnasium mistress who has devoted much time and attention to this special branch of the work. The Headmistress reports that all the cases of defective vision except one have received attention, 26 at the school clinics, also all the cases of dental caries reported to her.

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

SECONDARY SCHOOL FOR GIRLS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION	1	3	...	...
UNCLEANLINESS (See Table IV., Group V.)	...	...	...	...
SKIN :—				
Ringworm, Scalp	...	...	...	...
Ringworm, Body	...	...	...	...
Scabies	...	...	...	...
Impetigo... ..	...	...	1	...
Other Diseases (Non-Tuberculous	7	...	...	...
EYE :—				
Blepharitis	3	...	...	...
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal Opacities	...	...	...	...
Defective Vision	35	24	3	...
Squint	...	5	...	...
Other Conditions	2	...	...	...
EAR :—				
Defective Hearing	..	1	...	...
Otitis Media	...	1	...	...
Other Ear Diseases	1	...	...	...
NOSE AND THROAT :—				
Enlarged Tonsils	2	6	...	...
Adenoids	...	...	...	...
Enlarged Tonsils and Adenoids	...	...	...	...
Other Conditions	1	1	...	...
Enlarged Cervical Glands (Non-Tuberculous)		2	...	...
Defective Speech	...	1	...	...
Teeth (Dental Diseases) (See Table IV., Group IV.)	17	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
HEART & CIRCULATION :				
Heart Disease—Organic	...	1	...	...
Functional	...	7	...	...
Anemia	2	1	...	...
LUNGS :—				
Bronchitis	...	...	...	...
Other Non-Tuberculous Diseases	1	...	...	...
TUBERCULOSIS :—				
Pulmonary	...	...	...	...
Definite	...	...	...	...
Suspected	...	...	...	...
Non-Pulmonary—	...	...	...	...
Glands	...	...	...	...
Spine, ...	...	...	...	...
Hip	...	...	...	...
Other Bones & Joints	1	...	...	...
Skin	...	...	...	...
Other Forms	...	...	...	...
NERVOUS SYSTEM :—				
Epilepsy	...	...	...	...
Chorea	1	...	...	...
Other Conditions	...	1	...	...
DEFORMITIES :—				
Rickets	...	...	...	...
Spinal Curvature	1	...	...	...
Other Forms	8	...	...	...
Other Defects and Diseases	10	14	2	...

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES.)

Groups.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Secondary School	230	61	22.1

20. CONTINUATION SCHOOLS.

None are established.

21. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

See Report for 1923 on the arrangements for co-ordination of the School Medical Service.

Number of licences issued to children in 1925 ... 176

Number of such children medically examined ... 123

„ „ „ rejected nil.

Description of the work at which the children were employed and number of children so employed :—

Delivery of papers	107
„ „ milk	16
Errands	51
Laundry	1
Assisting in shop	1
Total	176

A number of children are still employed under licences granted in 1924.

There is no evidence of any harm being done to children by the present day methods of such employment, the time being only 1 hour before and 1 hour after school.

The work of the Juvenile Employment Committee is fully co-ordinated with that of the School Medical Service, the School Medical Officer being in attendance at the Committee's meetings. The findings and records of the School Medical Service are available, if required, for the information of the certifying factory surgeon, but, of course, the numbers of such young persons in Hastings must be very small.

22. SPECIAL INQUIRIES.

(a) Goitre among School Children Aged 12.

The investigation as to the prevalence of goitre in children at the age of 12 years was continued during 1925, with the following results :—

	Boys.	Girls.	Total.
Thyroid not enlarged	261	226	487
Thyroid enlarged slightly	3	14	17
Total	261	240	501

(b) Results of Operative Treatment on enlarged Tonsils and Adenoids.

Dr. Turner reports :—"The following table is an analysis of the results in various directions shown by 17 children, who have been operated on during the past year for enlarged tonsils and adenoids :—

The improvement most frequently noted is in connection with the general health, followed by improvement in breathing, appetite and sleep. Better nutrition, with a disappearance of septic conditions of the throat, is in keeping with the other benefits. Then follows a more resistive condition to colds and increased mental alertness. The disappearance of enlarged glands in the neck, with improved speech and hearing, and less frequent croupy attacks certainly emphasises the importance of this operation. Finally, discharging ears and epistaxis (nose bleeding) have improved or disappeared in 14 cases."

SUMMARY.

Improvement in general health ...	...	...	...	35
„ „ nutrition ...	...	...	...	28
„ „ appetite ...	...	...	...	31
„ „ catching cold ...	...	...	...	25
„ „ sleeping ...	...	...	...	30
„ „ mental alertness ...	...	...	...	25
„ „ breathing ...	...	...	...	30
„ „ snoring ...	...	...	...	31
„ „ hearing ...	...	...	...	21
„ „ speech ...	...	...	...	22
„ „ discharging ears ...	...	...	...	14
„ „ nose bleeding ...	...	...	...	14
„ „ sore throats or quinsies ...	...	...	...	26
„ „ enlarged glands ...	...	...	...	21
„ „ croupy attacks ...	...	...	...	19
„ „ colour in cheeks ...	...	...	...	28

23. MISCELLANEOUS.

57 Entrants for scholarships to the Secondary School received a special medical examination.

MEDICAL INSPECTION RETURNS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	769
Intermediates	...	...	...	...	432
Leavers	...	...	...	...	675
Total					1,876

NUMBER OF OTHER ROUTINE INSPECTIONS 58

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	...	3,070
NUMBER OF RE-INSPECTIONS	...	8,146
Total		11,216

(C) Secondary School for Girls ... 230

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

ELEMENTARY SCHOOLS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Obser- vation but not requiring Treatment.
MALNUTRITION	12	29	7	3
UNCLEANLINESS (See Table IV., Group V.)	...	...	...	...
SKIN :—				
Ringworm, Scalp	...	...	11	...
Ringworm, Body	5	...	20	...
Scabies	...	...	2	...
Impetigo	8	...	137	...
Other Diseases (Non- Tuberculous)	36	20	345	10
Minor Injuries (Bruises, Sores, Chilblains)...	9	3	588	3

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE :—				
Blepharitis	13	20	58	7
Conjunctivitis	2	1	39	
Keratitis	1	...	...	
Corneal Opacities	1	...	4	1
Defective Vision (excluding Squint)	104	89	187	21
Squint	16	12	25	4
Other Conditions	4	2	68	7
EAR :—				
Defective Hearing	5	10	10	3
Otitis Media	5	1	51	1
Other Ear Diseases	1	1	53	13
NOSE AND THROAT :—				
Enlarged Tonsils only	35	248	43	144
Adenoids only	6	7	3	4
Enlarged Tonsils and Adenoids	9	8	18	5
Other Conditions	35	20	403	40
Enlarged Cervical Glands (Non-Tuberculous)	1	25	11	21
Defective Speech	1	7	2	6
Teeth (Dental Diseases) (See Table IV., Group IV.)	422	772	123	23
HEART & CIRCULATION :—				
Heart Disease—Organic		18	...	3
Functional		127	3	19
Anemia	9	4	11	1
LUNGS :—				
Bronchitis	27	38	30	4
Other Non-Tuberculous Diseases	4	28	6	
TUBERCULOSIS :—				
Pulmonary—				
Definite	1		3	
Suspected		1	8	3
Non-Pulmonary—				
Glands		6	3	3
Spine				
Hip			1	
Other Bones & Joints		2		4
Skin	1	1		
Other Forms		1		

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
NERVOUS SYSTEM :—				
Epilepsy	2	5	10	8
Chorea	2	...	13	...
Other Conditions ...	11	8	47	7
DEFORMITIES :—				
Rickets	...	2	...	...
Spinal Curvature ...	6	1	...	...
Other Forms	15	7	3	7
Other Defects and Diseases	85	122	1,180	210

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :—			
Entrants	769	133	17·2%
Intermediates... ..	432	126	29·1%
Leavers	675	174	25·7%
Total (Code Group) ...	1876	433	23%
Other Routine Inspections... ..	58	18	31%

Table III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(i.) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ...	...	1	1
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	1	3	4
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools ...	4	1	5
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	1	...	1
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	...	1	1
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools ...	6	4	10
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	41	23	64
		Attending Public Elementary Schools ...	6	6	12
		At other Institutions ...	...	...	...
		At no School or Institution	2	2	4
	Notified to the Local Control Authority during the year.	Feeble-minded ...	1	1	2
		Imbeciles ...	1	...	1
		Idiots ...	...	...	...
	EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	...	3	3
In Institutions other than Certified Special Schools...			1	...	1
Attending Public Elementary Schools ...			...	...	...
At no School or Institution			4	...	4
Suffering from epilepsy which is not severe.		Attending Public Elementary Schools ...	9	4	13
		At no School or Institution	...	...	...

PHYSICALLY DEFECTIVE.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
		At other Institutions	...	...	...
		At no School or Institution	1	4	5
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day open Air Schools	...	...	...
		At Public Elementary Schools	15	8	23
		At other Institutions	...	...	...
		At no School or Institution	3	2	5
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc).	At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	21	20	41
		At other Institutions	...	...	...
		At no School or Institution	1	2	3
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospitals approved by the Ministry of Health or the Board	...	...	...
		At Public Elementary Schools	1	1	2
		At other Institutions	2	...	2
		At no School or Institution	1	1	2
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	1	...	1
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	22	23	45
		At other Institutions	2	1	3
		At no School or Institution	4	1	5

Table IV. Return of Defects Treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.).

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN:—			
Ringworm, Scalp	8	...	8
Ringworm, Body	17	1	18
Scabies	2	...	2
Impetigo	265	1	266
Other Skin Diseases	211	...	211
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	228	...	228
MINOR EAR DEFECTS	78	1	79
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,368	3	1,371
TOTALS	2,177	6	2,183

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.—GROUP I.).

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise
ERRORS OF REFRACTION (Including Squint).	265	14	1
OTHER DEFECT OR DISEASE OF THE EYES (Excluding those recorded in Group I.)	1	...	...
TOTAL	266	14	1

Table IV.—(*Continued*).

Total number of Children for whom spectacles were prescribed :—

(a)	Under the Authority's Scheme	...	...	224
(b)	Otherwise	...	...	9

Total number of Children who obtained or received spectacles :—

(a)	Under the Authority's Scheme	...	...	189
(b)	Otherwise	...	...	8

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total No. Treated.
47	10	57	223	280

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.			
		5	...	904	
		6	...	611	
		7	...	715	
		8	...	747	
Routine Age Groups	}	9	...	887	Total
		10	...	929	
		11	...	969	
		12	...	851	
		13	...	865	
		14	...	244	
				7,722	
Specials	...	...	...	...	1,264
Grand Total				...	8,986
					—
(b)	Found to require treatment	...	...	...	4,281
(c)	Actually treated	...	...	...	1,932
(d)	Re-treated during year as the result of periodical examination	...	...	...	75
(2)	Half-days devoted to	Inspection	65	Total	418
		Treatment	353		
(3)	Attendances made by the Children for treatment	...	...	...	3,400

(4) Fillings	{ Permanent teeth 1,353 }	Total ...	1,960
	{ Temporary teeth 607 }		
(5) Extractions	{ Permanent teeth 265 }	Total ...	2,414
	{ Temporary teeth 2,149 }		
(6) Administration of general anaesthetics for extractions		...	183
(7) Other Operations	{ Permanent teeth 328 }	Total ...	399
	{ Temporary teeth 71 }		

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(See page 59.)

REPORT OF PUBLIC HEALTH LABORATORY WORK, 1925.

The work continues to be carried out most satisfactorily in the well equipped laboratory of the Royal East Sussex Hospital. The following summary of work done is given by Dr. Huckle:—

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.	RESULT.
A. General Practitioners & Borough Sanatorium.	Sputum for Tubercle Bacilli	285	52 Positive.
	Throat Swabs for Diphtheria	223	12 ..
	Widal Examination for Typhoid	49	3 ..
	Miscellaneous. ...	224	
B. School Medical Service.	Throat Swabs for Diphtheria	96	1 Positive.
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	224	42 Positive.
	Urine for Tubercle Bacilli	3	Nil ..
	Faeces for Dysentery	2	Negative.
Total Specimens examined 1,076			

DIPHTHERIA ANTI-TOXIN. Supplies are kept at the Health Department and at Police Stations, and issued on request to the medical practitioners of the town.

GENERAL SANITARY ADMINISTRATION.

(1) LOCAL ACTS AND ORDERS, BYE-LAWS, ADOPTIVE ACTS.

The following list has been brought up to date :—

(a) LOCAL ACTS AND ORDERS.

Certain Sections of Hastings Paving Act, 1832 (2 Wm. iv., ch. xci.)

Hastings Improvement Act, 1885 (48 and 49 Vic. ch. excvi.) as amended, etc., by Hastings Corporation Act, 1900, and Hastings Corporation (Water and Finance) Act, 1911.

The Hastings Corporation Act, 1900 (63 and 64 Vic. cap. cclxvi.) as amended by Hastings Corporation (Water and Finance) Act, 1911 (1 and 2 Geo. V. cap. xxxiv.)

The Hastings Corporation Act, 1924.

Regulations with respect to Dairies, Cowsheds and Milkshops.

(b) BYE-LAWS.

Cleansing of Footways and Pavements and Common Lodging Houses.

As to nuisances in connection with the removal of offensive or noxious matters.

Good Rule and Government (Spitting in Public Carriages, etc.)

Slaughterhouses.

Prevention of nuisances arising from filth, dust, ashes and rubbish, and for the prevention of the keeping of animals so as to be injurious to health.

Tents, vans, sheds, etc., used for human habitation.

New Streets and Buildings.

(c) ADOPTIVE ACTS IN FORCE IN THE BOROUGH.

The Public Health Acts Amendment Act, 1890 (53 and 54 Vic. ch. lix.) The whole act came into operation on 5th May, 1891.

The Infectious Disease Notification Act, 1889 (52 and 53 Vic. cap. lxxi.) came into operation on 7th July, 1891.

The Infectious Disease (Prevention) Act, 1890 (53 and 54 Vic. ch. xxxiv.) The whole of the act came into operation on the 10th July, 1894.

Certain Sections of the Public Health Acts Amendment Act, 1907, under Orders made by the Home Secretary on the 11th January, 1909, and the Local Government Board on the 14th September, 1909.

There are no bye-laws for dealing with houses let in lodgings. The present bye-laws relating to buildings are in process of revision. The Hastings Corporation Act of 1924 gives new and valuable powers with regard to existing and proposed offensive trades and their discontinuance, and also in connection with the acquisition and closure of private slaughter-houses.

There are no regulations with regard to underground sleeping rooms, as defined by section 18 (1) of the Housing Act, 1925. In Hastings there is a considerable number of basement dwellings, many of which could not be condemned as unfit under this section, but in other cases where the conditions are unfavourable, the tenants have been recommended a council house through this department, and endeavours have been made to have the rooms closed for sleeping purposes.

(2) WATER SUPPLY—RIVERS AND STREAMS.

The main water supply of Hastings from 8 deep wells in the Ashdown Sand, and the supplemental supplies from the Brede Stream and the reservoirs in the Alexandra Park were described in the reports for 1923 and 1924.

It is fully realised that the present supplies from the deep wells are inadequate for all the needs of the town, and that the supplemental supplies, although chlorinated in view of opportunities for pollution, should be discarded as soon as possible. Further, it is considered that the sinking of additional deep wells in the area around Hastings will not solve the problem satisfactorily.

In consequence it has been decided that the powers obtained in the Hastings Act of 1924, to sink two deep wells at Sedlescombe, are insufficient. A Bill is now before Parliament seeking for additional powers to go to the chalk area between Eastbourne and Brighton, where it is believed a sufficient amount of good water, of a slight degree of hardness only, may be obtained, entirely adequate for all the needs of the town for many years to come.

In the meantime it is hoped that the exploitation of the two additional deep wells may obviate in the very near future the use of the supplemental supplies already mentioned, which are carefully chlorinated by a modern automatic plant, bacteriological analyses being made weekly or at times more frequently. Quarterly chemical and bacteriological analyses are made of the water from the deep wells. The water supply is under the control and in the department of the Borough Engineer, but the Medical Officer of Health is consulted on all matters relating to the chemical and bacteriological analyses.

The main water supply is intermittent, and except in older properties, mainly in the Old Town, laid on to the houses. With the exception of a few isolated cottages which still depend upon wells the whole of the population receives the town's supply. From time to time action is taken, as the result of unfavourable analyses, to have isolated wells closed and the properties connected with the town's supply.

The sources of contamination of the small streams which run along the several valleys of the district are mainly from animal excreta and the manuring of adjoining gardens and allotments.

(3) DRAINAGE, SEWERAGE, CLOSET ACCOMMODATION.

With the exception of a small number of isolated properties in the outlying parts of the district the town is entirely on water carriage, the sewage being carried directly into the sea by three main outfall sewers, each of which has large receiving tanks, whereby the sewage is retained and allowed to discharge with the ebb-tide.

House drainage is satisfactory, a considerable amount of work in the way of supervision and testing being carried out by the sanitary inspectors.

Approximately 50 cesspools still remain in the remote parts of the district, generally dealing with the sewage of large isolated properties outside the area of any existing sewer. In preceding reports (1921—1924) a full account has been given of extensions of the sewers to several large establishments with cesspools, including an important convalescent home on the boundary. The policy of closing cesspools, wherever possible, and of joining up the drainage to the sewers will continue to be followed.

Only a very few pail closets remain in isolated cottages and except in the older parts of the town the provision of water-closets is satisfactory. In the Old Town especially the closet is often in the yard and shared by several families. The matter of closet provision has had to be closely watched in connection with the conversion in all parts of the district of numerous old houses into flats in order to secure satisfactory provision in accordance with the bye-laws. Much supervision in connection with cleanliness and flushing of closets is carried out by the Sanitary Inspectors.

(4) SCAVENGING.

The scavenging of the Borough is entirely in the hands of the Borough Engineer. Removal is once weekly generally, but twice weekly, or even more frequently, from the hotels, boarding-houses, restaurants and food shops, especially during the summer months. I think this more frequent removal might with advantage be extended to the smaller lodging-houses during the season, as, owing to the almost universal use of the gas cooker, the landladies cannot burn the accumulating food refuse. Experiments are now being made with motor vehicles for removal from the house to the disposal station, and, if successful, this may expedite more frequent removal, provided the cost be not prohibitive. The destructor at Rock-a-Nore is now being re-built with a much increased capacity so that in the near future it is hoped to burn all the refuse of the town and to do away with the dumps in the outskirts and the most undesirable tipping into the sea. During the year 396 new galvanised iron dustbins have been provided, in most cases to re-place unsatisfactory ashpits.

(5) SANITARY INSPECTION OF DISTRICT.**(a) SANITARY INSPECTORS' SUMMARY FOR 1925.**

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress	113	191	157	215	676
2. Visits of inspection to works in connection with notices	611	369	243	430	1653
3. Visits to outworkers' premises	...	...	...	10	10
4. Inspection of bakehouses	55	72	21	90	238
5. „ „ slaughterhouses	241	235	1407	421	2304
6. „ „ dairies, cowsheds and milk shops... ..	44	79	86	93	302
7. Enquiries respecting Infectious Diseases, etc.	69	33	34	37	173
8. Drain tests applied	53	86	52	75	266
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated	4	17	26	12	59
10. Cesspools emptied and cleansed	10	...	15	...	25
11. Cesspools abolished	...	...	8	...	8
12. Drains cleared and amended	73	82	37	103	295
13. New iron and lead soil and ventilating pipes fixed	9	14	28	14	65
14. New closets fixed	13	53	31	41	138
15. Closets amended	28	41	18	73	160
16. New flushing boxes provided, necessary storage cisterns being fixed where required	22	42	28	52	144
17. Flushing boxes repaired	21	31	16	21	89
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	9	32	24	32	97
19. Yards repaved	14	43	47	71	175
20. Sanitary ashbins provided	96	96	81	123	396
21. Accumulations of manure and other refuse removed	50	23	31	90	194
22. Rooms, etc., cleansed and whitewashed	197	174	259	243	873
23. Nuisances abated from animals improperly kept	6	...	3	7	16
24. Nuisances abated from chimneys sending forth black smoke	5	...	1	2	8
25. Nuisances abated from overcrowding	2	1	2	5	10
26. Miscellaneous repairs	190	201	141	253	785
27. New W.C.'s erected	2	8	5	3	18
28. New urinals constructed	...	1	2	2	5
29. Inspection of premises where food is exposed for sale	100	886	540	1263	2789

(b) General Summary.

Inspection and Re-inspection of premises -visits	...	10,774
Houses and Premises inspected	... ..	4,435
Complaints investigated	... ..	588
Complaints investigated under Rats and Mice (Destruction) Act	... ..	136

The great majority of nuisances are dealt with by the Inspectors interviewing the owners or agents without service of written notices.

PRELIMINARY NOTICES.

Number of Notices served during the year 1925	...	614
" " " complied with during the year 1925...		611
" " " not complied with during the year 1925	... ..	22
" " " reported to the Public Health Com- mittee during the year 1925	...	16
" " " served during the year 1925 which are still receiving attention...	...	5
" " " served during the year 1925 which were partly complied with	... ..	6

OTHER NOTICES.

Legal Notices served by Town Clerk	... ..	17
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	... ..	32
Certificates granted	do. do.	30

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Number of Preliminary Notices served during 1925	...	1
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(6) INSPECTION AND SUPERVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1925	...	107
Wholesale Traders or Producers, 1925	... ..	30
Purveyors of Certified or Grade (A) Milk, 1925	...	2

In addition to being within easy distance by train and road of the richest milk producing districts of Sussex and Kent, a fair proportion of the milk used is produced within the Borough, there being in the various cow-lodges within the boundaries

approximately 300 cows. In view of this proximity milk reaches the town within a short time of milking none being pasturised and, in fact, is often supplied fresh twice daily from the nearest farms.

All cow-sheds and dairy farms within the district are inspected regularly. The standard is fair, but improving, although the main difficulty in the older types is lack of means for substantial structural improvements. On occasion the flanks and udders of the cows have been found to be in a very dirty condition. In this and various other matters, considerable improvement may be expected when the new Dairies, Cow-sheds and Milkshops Orders, now in draft, come into force.

The Committees concerned have paid particular attention to the Milk and Dairies Act of 1915 and the Tuberculosis Order of 1925, dealing with tuberculous cattle. A scheme has been passed and is, in fact, now before the Ministry of Health which will *inter alia*, provide for :—

(a) 60—70 samples of milk to be taken under the Milk and Dairies Act of 1915 for biological examination for tubercle bacilli.

(b) The appointment of a common veterinary inspector to do the work required under the Act and the Order at the remuneration given by the East Sussex County Council.

(c) The pathological work under the Order to be carried out in the laboratory of the Royal East Sussex Hospital.

(d) The sanitary inspectors to be officers under the Tuberculosis Order, along with the Police, who administer the Diseases of Animals Acts, for the purpose of co-operation.

The samples taken under the Act for tubercle bacilli will probably be utilised for general bacteriological tests, this affording an excellent control over ordinary inspection at the farm. The administration outlined will come into force as soon as the necessary approval has been obtained.

It is obvious that in order to make the new legislation work smoothly and be of real value in the elimination of tuberculosis, which is so rampant in our dairy farms, the closest co-operation must exist with the county health department. Conferences of the medical officers of health concerned have taken place with that end in view. Tuberculous cattle coming from the county,

slaughtered under the Tuberculosis Order in this district, are notified to the county Medical Officer of Health for action to be taken by him under the Act.

The Milk and Dairies (Amendment) Act, 1922 has been a powerful lever in promoting the standard of the dairies and milkshops of this town. It has been possible under Section 2 to prevent many of the small general shops dealing with vegetables, paraffin, briquettes, etc., from selling milk unless bottled. Established dairies of the larger type have improved plant and method, a large proportion of the milk now being bottled. Some of the newer dairies are designed on model lines. The dairyman, realising that the public expects a high standard, as a rule conducts his business on satisfactory lines from the time he receives the milk. What he wants to appreciate still more fully is his duty as regards the hygiene of the farm, the cow and the milk in transit to his dairy.

Only two dairies supply certified milk, the demand being limited owing to the higher price. No bacteriological examinations of certified milk were officially requested, but one informal sample was satisfactory.

(b) Meat.

All the slaughter-houses are privately owned, three being used only for slaughtering pigs, and one licensed for the slaughtering of horses

	In 1920.	In Jan. 1925.	In Dec. 1925.
Registered Slaughter-houses ...	16	15	14
Licensed „ ...	4	3	4
	—	—	—
Total ...	20	18	18
	—	—	—

Several of the slaughter-houses are small, of an inferior type of construction, and somewhat difficult of access in outlying districts. During the year one registered slaughter-house was demolished and replaced by a new building licensed annually and quite satisfactory for its type, namely the small privately owned slaughter-house. In addition to existing rights to build a public slaughter-house, the Hastings Corporation Act of 1924, Sections 111 and 112, gives powers to acquire slaughter-

houses by agreement or to close slaughter-houses if injurious to the public health.

The humane-slaughtering bye-laws continue to be worked smoothly. The R.S.P.C.A. keep the sanitary inspectors supplied with spare pistols, but not ammunition, for emergency use.

The Public Health (Meat) Regulations, 1924.

These regulations, affecting inspection at slaughter-houses, exposure of meat in shops, stores and vehicles and introducing changes and rules of considerable importance to the trader and the public came into force on April 1st, 1925. The goodwill and co-operation of the traders were secured by a series of conferences, at which every aspect of the methods of administration to be adopted was studied closely. As a result in so far as meat inspection at the slaughter-houses is concerned a very real advance can be reported. Most of the slaughter-house men have regular days and hours, thus obviating notices of ordinary slaughtering, but, where notice of exceptional matters such as slaughtering for casualty, or at unusual times, is required, such notices have been punctually and properly given. During the year the number of visits to slaughter-houses has increased from 919 in 1924 to 2,304, so that a very large proportion indeed of all animals slaughtered are inspected at or immediately after the times of slaughtering. The table appended shows the very considerable amount of diseased meat which had to be condemned, and the necessity in the interests of the public for the attention given to this aspect of health work. The sanitary inspector concerned actually sees that the condemned meat is disposed of by boiling for pig food, or after being treated with creosote being sent away to be converted into soap, or, if necessary, burnt at the destructor.

It may safely be said that considerable improvements have been effected in shops and stores. Several meat shops have had windows inserted, while in others the objectionable habit of hanging meat over the doors and outside windows or on tables outside the shop has been stopped under the Regulations; general cleanliness also has improved. Notices have been issued at the request of the butchers for display in their shops asking the public not to handle meat. The grocers of the town have

generally carried out the regulations with regard to protecting ham, bacon, etc., from dust and dirt in a most commendable way.

The interpretation of the regulations as regards the butcher's shop and the protection of meat from the contamination of flies, mud, filth or dust has been the subject of much public controversy, and the indefinite nature of the standards recommended make successful prosecutions very difficult. On the other hand, public opinion is strongly in favour of clean meat, properly protected in a clean shop, and the butcher who modernises his premises will undoubtedly reap a financial reward in increased custom, apart altogether from his carrying out the Meat Regulations both in the spirit and the letter.

No serious contraventions of the regulations relating to vehicles carrying meat have been reported, most of the butchers having their own covered motor vans for the conveyance of meat from the slaughter-house to the shop and also from the shop to the customer.

The regulations have been satisfactorily carried out in the several cold stores of the town.

TUBERCULOUS MEAT CONDEMNED IN 1925

Whole Carcasses.

<i>Cows.</i>	<i>Heifers.</i>	<i>Steers.</i>	<i>Calves.</i>	<i>Pigs.</i>
14	4	1	1	5

Portions of Carcasses.

BEEF.

<i>Forequarters.</i>	<i>Internal Organs.</i>	<i>Lungs.</i>	<i>Head.</i>
6	2 sets	7 sets.	1

33 stones

PIGS.

Heads.

14

In addition to the above, the carcasses of 9 cows were examined within the Borough in conjunction with the East Sussex County Council's Officer, and the carcasses condemned under the Tuberculosis Order, 1925.

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1925.

Whole Carcasses.

<i>Cows.</i>	<i>Heifers.</i>	<i>Steers.</i>	<i>Calves.</i>	<i>Pigs.</i>	<i>Sheep.</i>	<i>Lambs.</i>
1	3	1	2	2	1	7

<i>Beef.</i>			<i>Mutton.</i>	
105 $\frac{3}{4}$ stones			3 stones	
<i>Veal.</i>	<i>Pork.</i>	<i>Pigs' Heads.</i>	<i>Ox Tails.</i>	<i>Livers.</i>
3 stones	1 $\frac{1}{2}$ stones	1	27 lbs.	Ox 98
7 lbs.				Pigs 64
				Sheep 2
<i>Kidneys.</i>	<i>Suet.</i>	<i>Tongues.</i>	<i>Bacon.</i>	<i>Pressed Beef.</i>
Ox 12	11 stones	6 lbs	1 side (52 $\frac{1}{2}$ lbs.)	7 $\frac{3}{4}$ lbs.
Sheep 48	7 lbs.			
<i>Boiled Beef.</i>				
$\frac{1}{2}$ lb.				

(c) **Other Foods.**

Considerable attention is paid to premises where food is manufactured, prepared, stored or exposed for sale, 2,789 visits being so paid in 1925. During the year 238 visits were paid to bakehouses. The Hastings Corporation Act of 1924 gives extensive and important powers in relation to food protection, dealing with :—

- (a) Premises.
- (b) Manufacture and sale of ice-cream.
- (c) Prohibition of sufferers from advanced tuberculosis from selling food.
- (d) Power to make bye-laws, etc., etc.

In connection with (a) a considerable amount of inspection has been carried out in the older restaurant and hotel kitchens, and much improvement has been effected in the way of general cleanliness, additional light and ventilation, especially in the underground premises, of which there are a good number in the older parts of the town.

Sundry Food Stuffs Condemned, 1925.

<i>Eggs.</i>	<i>Potatoes.</i>	<i>Salmon.</i>	<i>Chicken.</i>
1,458	5 tons	3 tins	2 cases (78 lbs.)

Fish Condemned, 1925.

	Cases.	Boxes.	Stones.	lbs.	Barrels.	Kits.	Galls.	Baskets.
Coalfish	7	...	28	...	...	1	...	...
Mackerel	$2\frac{1}{2}$	8	13	...	...	...	...	...
Herrings	2	1	6	...	...	...	...	...
Haddocks	...	10	4	...	...	...	...	...
Sprats	...	3	120	...	...	...	...	...
Whiting	7	1	$13\frac{1}{2}$	...	...	1	...	...
Mixed Fish	...	1	2	...	...	2	...	...
Cod	...	...	2	...	...	...	...	...
Smoked Haddocks	...	7	...	...	...	...	...	...
Small Plaice	2	...	...	...	1	1	...	...
Kippers	...	42	...	$3\frac{1}{2}$	...	...	...	...
Codlings	...	1	4	...	...	2	...	...
Codlings, Smoked	...	33	...	...	...	...	...	...
Dried Haddocks	...	7	...	...	...	...	...	...
Filletted Cod	...	9	...	...	...	...	...	...
Plaice	12	...	5	...	...	...	...	...
Witches	2	...	...	...	...	...	...	...
Filletted Haddocks	...	6	...	...	...	...	...	...
Megrims	...	...	6	...	...	...	...	...
Halibut	...	...	3	...	...	...	...	...
Smoked Whiting	...	5	...	...	...	...	...	...
Smoked Fillets	...	5	...	...	...	...	...	...
Chat Haddocks	1	3	...	...	...	...	...	...
Hake	...	...	$\frac{1}{2}$	...	...	...	...	...
Headless Codlings	...	9	...	...	...	...	...	...
Fillets	...	$72\frac{1}{2}$	...	...	...	...	...	...
Shrimps	...	7	...	...	...	...	58	2
Lemon Soles	1	...	7	...	...	...	...	...

Total weight of fish condemned, 1,008 stones, $3\frac{1}{2}$ lbs.

(d) Food Poisoning.

A fatal case of food poisoning occurring in July, 1925, and due to a young man eating salmon from a tin which had a defect from the time of manufacture, thereby allowing the contents to be contaminated, attracted considerable attention. The Ministry of Health went into the case with great thoroughness from a scientific point of view, arrangements being made for the most extensive examination both chemically and bacteriologically of all necessary specimens. As a result no chemical poisons nor any of the usual salmonella group of food poisoning bacteria or botulinus infection were found, but there was definite evidence of the toxic quality of the remains of the salmon, possibly due to the products of an unidentified bacteria, on which much work was done without definite result.

(c) Sale of Food and Drugs Acts.

Mr. H. F. Cheshire, who had held the post of Public Analyst with conspicuous success for 40 years died in November, 1922. After a period of about a year, during which samples were analysed firstly at the laboratory of the Royal East Sussex Hospital and then by the County Analyst at Lewes, Mr. G. M. Norman, B.Sc., etc., Principal of the School of Science, Hastings, was appointed Public Analyst. Mr. Norman has co-operated with the Officials of the Health Department in every way possible, not only in the more routine examinations, such as milks and creams, but especially in the emergency work, for example in numerous samples of apples for arsenic taken in the early part of 1926, and in the examination of several samples of tinned goods in suspected food poisoning cases.

During the year 213 samples were taken and submitted to the Borough Analyst. The following are particulars of the samples, results of analysis and of the action taken in certain cases :—

MILK :—80 samples taken, 73 genuine, *i.e.*, above the legal standard ; 7 adulterated, as follows :—

<i>Results of Analysis.</i>	<i>Action taken.</i>
(a) Fat 2.45% ; Solids Non-fat 8.87% ; Water 88.69% - - -	Vendor cautioned by Public Health Committee.
(b) Fat 2.88% ; Solids Non-fat 9.22% ; Water 87.90% - - -	Producer cautioned by Public Health Committee.
(c) Fat 2.78% ; Solids Non-fat 8.57% ; Water 88.65% - - -	Milk from Friesian Cows. Producers cautioned by Public Health Committee.
(d) Fat 2.88% ; Solids Non-fat 8.61% ; Water 88.51% - - -	do. do.
(e) Fat 2.82% ; Solids Non-fat 8.65% ; Water 88.53% - - -	Vendor cautioned by Public Health Committee.
(f) Fat 2.98% ; Solids Non-fat 8.59% ; Water 88.43% - - -	do. do.
(g) Fat 2.56% ; Solids Non-fat 8.15% ; Water 89.29% - - -	Producers cautioned by Public Health Committee.

The following samples were not genuine.

- (a) Creams, 4:—
 Boric Preservative equivalent to 39% of Boric Acid.
 Boric Preservative equivalent to 27% of Boric Acid.
 Boric Preservative equivalent to 4% of Boric Acid.
 Boric Preservative amounting to 21% of Boric Acid.
- } Two informal samples followed up by formal Vendors warned by Public Health Committee.
- (b) Madeira Cake :—2.
 Boric Preservative amounting to 1% of Boric Acid. — Vendor cautioned.
- (c) Butter :—1.
 Water 13.3%, Boric Acid 56%. —Letter to Vendor.
- (d) Sago :— 1.
 Found to be Tapioca. —No action as it was found to be in accordance with sample accepted under contract.

The following samples were all genuine :—Butter, 19 ; Margarine, 5 ; Dried Milk, 3. (Also purchased under Dried Milk Regulations 1923) :—Condensed Milk, 2. (Also purchased under the Condensed Milk Regulations) :—Cheese, 2 ; Lard, 10 ; Flour 1 ; Self-raising Flour, 3 ; Marmalade, 3 ; Jam, 5 ; Mince-meat, 2 ; Vinegar, 3 ; Pepper, 3 ; Mustard, 1 ; Suet, 1 ; Baking Powder, 4 ; Egg Powder, 2 ; Custard Powder, 4 ; Lemonade Powder, 7 ; Raspberry Powder, 1 ; Steadman's Powder, 2 ; Cane Syrup, 1 ; Demerara Sugar, 1 ; Ground Rice, 1 ; Coffee, 1 ; Coffee Mixture 1 ; Sponge Cakes, 5 ; Custard Tarts, 1 ; Sponge Mixture, 1 ; Jelly Crystals, 1 ; Sweets, 13 ; Arrowroot, 2 ; Milk and Water, 2 ; Meat and Fish Pastes, 10 ; Tinned Salmon, 1 ; Tinned Sardines, 1.

(f) **Public Health (Milk and Cream) Regulations, 1912 & 1917.**

1. Milk ; and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk ...	80	Nil
Cream ...	4	4. 39% , 21% , 27% , 4%

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it. —Boric Acid.

Informal samples followed up by 2 formal samples. Vendors cautioned by Public Health Committee.

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made ... Nil.

(ii) Statements incorrect... Nil.

Total ... Nil.

(iii) Percentage of preservative found in each sample. Nil. Percentage stated on statutory label. Nil.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i) Above 35 per cent. ... Nil.

(ii) Below 35 per cent. ... Nil.

Total ... Nil.

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in V. (2) of the regulations have not been observed.—Nil.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.—None.

3. Thickening substances. Any evidence of their addition to cream or to preserved cream. Action taken where found.—Nil found.

(7) FACTORIES, WORKSHOPS, WORKPLACES, SHOPS ACTS.

1—Inspection of Factories, Workshops and Workplaces.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries) ...	98	3	...
Workshops (Including Workshop Laundries) ...	322	21	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) . .	1939	34	...
Total ...	2359	58	...

2—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts: *</i>				
Want of Cleanliness	140	134	...	...
Want of Ventilation	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	1	1	...	...
Other Nuisances	90	86	...	...
Sanitary accommo- { insufficient	...	...	...	...
dation { unsuitable or defective	7	7	...	...
{ not separate for sexes	...	...	...	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	...	...	...	...
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	...	...
Total	238	228	..	...

* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act as remediable under the Public Health Acts.

3—Home Work.

30 lists were sent in, with 29 contractors and 53 workmen.

Class.	Number.
4.—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	373
5.—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	1
Other	Nil
Underground Bakehouses (S. 101):	
Certificates granted during the year	Nil
In use at the end of the year	29

4—Shops Act.

The Inspectors carried out the duties required, a large number of visits being made to various types of shops.

(8) DISINFECTING & CLEANSING STATION. AMBULANCE WORK. HOUSE, ETC., DISINFECTION.

The following tables show the considerable amount of work carried out (a) at the disinfecting station at Rock-a-Nore which possesses an efficient steam disinfector and also a cleansing station with separate bathing departments for males and females, available by special arrangement for school children nominated by the School Medical Officer, and (b) by the outdoor disinfecting staff at various types of premises.

(a) Disinfecting Station—Summary of Articles Disinfected.

	Private Houses.	Public Institutions, Hospitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses. ...	465	959	148	11
Blankets ...	945	1,671	52	40
Pillows ...	1,114	3,152	137	Nil.
Other Articles .	2,528	1,247	283	Nil.
Clothing ...	572	28	Nil.	Nil.
Total. .	5,624	7,077	620	51

(b) Cleansing Station.

	Scabies.	Vermmous.	Other Causes.	Sets of Clothing Disinfected.
Adults ...	12	4	2	18
School Children ...	4	69	209	282
Children under School Age ...	10	Nil.	Nil.	10
Total. ...	26	73	211	310

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	*Miscellaneous. Name if necessary.
529	43	12	1	3	141 Bags. 2 Taxis.

* To be included also under "Other Articles" (a).

(d) Any other work.

Dealing with condemned fish at the Fishmarket.

(e) Ambulance and Disinfecting Van.

1. Number of Journeys removal of patients	...	180
2. Number of Journeys removal of bedding	...	2,069
3. Number of Journeys disinfection of houses	...	684
4. Mileage--		
(a) Ambulance	... ..	2,201
(b) Disinfecting Van	... ..	8,518
5. Number of hours (approximately) employed by		
Borough Engineer--		
(a) Disinfector	... ..	74½
(b) Driver	... ..	74½

(9) REPORT OF INSPECTOR OF COMMON LODGING HOUSES FOR 1925.

The registered Common Lodging Houses of the Borough have been kept under observation during the year and are maintained in a cleanly condition. The houses are cleansed throughout twice during the year; the bedding, etc., being cleansed and renewed as required.

A good standard of health is maintained and no cases of infectious disease have been notified.

The keepers are ever ready to carry out any instructions or suggestions made for the improvement and conduct of the houses.

(10) HOUSING.

The information given is in accordance with the requirements of the Ministry of Health for a Survey Report.

(1) General Housing Conditions.

Housing conditions differ considerably in the various localities. In outlying districts, such as Ore and Hollington, most of the working class houses are of the cottage variety, and, while there are streets containing modern houses in good condition, there are also many patches of property, approaching the worn out stage, and of a standard, as regards domestic convenience and sanitation, entirely below that now recognised.

In the Old Town of Hastings a certain number of properties are old, inferior houses, jumbled up together, and below standard especially as regards a proper provision of light and air, closet accommodation, larders and sinks, while often the rooms are small, low-ceilinged and poky, in addition water having to be obtained from a common standpipe in the yard. Throughout there is considerable crowding of houses on area. Intermingled with houses of the type mentioned above are to be found others with modern conveniences and irreproachably kept.

In the centre, both of St. Leonards and Hastings, are much more substantial buildings with 3 or 4 stories, often now converted into flats with a separate tenant in the basement. Apart from the basement, which may be deficient in ventilation and light and possibly damp, these properties are as a rule in good condition and, for their type, satisfactory.

As a residential and health resort much of the property all over the district is of a most superior type, and kept in excellent condition.

(2) Overcrowding.

It is not easy to assess at any particular time the actual amount of overcrowding in a place such as Hastings, where so much of the accommodation is reserved for visitors. The census of 1921, however, gave a series of exact figures, some of which bearing on overcrowding are quoted. In the whole town 74,906 rooms were occupied, the average number of rooms per person being 1·36. It was found that the average number of persons per family had fallen from 3·9 to 3·68 in the inter-censal period ; there was, however, the surprising increase of 847 dwellings between 1911 and 1921, a figure which, considered together with the present house famine, points to an

increase in the permanent population. Private families showed an increase of 1,007 as compared with 1911, but this number includes visitors.

With regard to overcrowding at the 1921 census 2,480 persons, as compared with 2,989 in 1911, were living more than two persons in one room, this being the standard very commonly accepted as that of an overcrowded house, although it has no legal status. Of 14,986 private families 770 or 5·1 per cent., with a population of 1,141, were living in one-roomed houses ; of these, 535 families consisted of one person only, 118 of two persons, 87 of three persons and upwards. Living in two-roomed houses were 1,216 families or 8·1 per cent. of the total, with a population of 2,856, and in three-roomed houses were 1,993 families or 13·3 per cent. of the total, with 6,219 persons. These figures closely correspond to the average throughout East Sussex, and are very slightly less in respect of one and two-roomed houses than those of the neighbouring County Boroughs of Eastbourne and Brighton.

The census figures show that a considerable number of the one, two and three-roomed houses at that time must have been overcrowded. In addition larger houses were often overcrowded because younger members of the family, who had married, had to be accommodated as lodgers.

The position of 1921 has, however, been altered materially by the Corporation housing schemes, private building and the conversion of larger houses into flats. At three well chosen sites, above the Old Town, at Silverhill and at Hollington, the Corporation has erected since 1921 236 houses of good type, while approximately 200 houses are either in course of erection or remain to be erected. This latter number includes 48 houses or flats intended to re-house tenants from an unhealthy area and also 50 steel houses as the result of a successful experiment with 8 which are now in occupation. Since 1921 also 225 houses, mainly of a superior type, have been built by private enterprise, the number increasing year by year.

It is submitted that the municipal contribution of new houses must have helped materially to alleviate the admitted post war overcrowding and the houses under way or proposed should do much to solve the problem. In this connection it is

always difficult to estimate the exact population in the intercensal period, but we do know that the deaths in Hastings for reasons fully explained elsewhere now slightly exceed the births, and any increase of population comes from visitors, invalids or retired people, who require to be housed by private enterprise. At the same time there will still remain the problem of the worn-out house and of the basement dweller, apart from overcrowding. It must also be remembered that there are many families, often overcrowded, living in inferior houses of one, two, or three rooms, in whose cases chronic poverty entirely bars the way to the payment of the rent of a Council house. Under these circumstances it is difficult to press for the relief of overcrowding by legal measures, while the housing committee is powerless, in face of the economic position of the family, to offer a Council house ; hence an impasse.

(3) Fitness of Houses and Action Taken.

The general types of the most common defects, including water supply, closet accommodation and refuse disposal, have already been indicated, while the work of the Health Department in this connection will be found in the Summary of Housing Statistics pp. 106, 107, and under Sanitary Inspection of Area p. 88. The Sanitary Inspectors accomplish most of their work in matters of housing by interview with the owners, a good deal by preliminary notices under the Public Health or Housing Acts, a small residuum only of dilatory owners having to be reported to the Public Health Committee for necessary steps to be taken. In one case, in 1925, the Committee had the work carried out in default of the owner under Section 3 of the Housing Act of 1925.

In housing the tenant has his responsibilities equally with the landlord. Many of the conditions found are due to ignorance, dirt and lack of household method, fostered no doubt by the want, in many cases, of such things as sinks or water in the house, food cupboards, larders and baths, a state of affairs which breeds apathy and a lowered condition of health. Unfortunately when such a tenant, often on the recommendation of the Health Department, receives a Council house with all the amenities mentioned above, a corresponding domestic uplift does not always follow. This indeed is a matter which requires to be

watched closely. It might be advisable that the rents should be collected by a housing steward, who would not only look after the houses and report necessary repairs at the earliest opportunity, but also, in the manner of the late Miss Octavia Hill, imbue the tenants with the same spirit and desire to protect the Corporation property.

Under recent legislation, the Hastings Corporation Act, 1924, and the Public Health Act, 1925, ample powers are given to proceed against the tenants of filthy and verminous houses, and, while there have been no legal cases, opportunities have been taken to use these powers as a lever with unsatisfactory tenants.

(4) Unhealthy Areas.

In 1923 an area in the Old Town, comprising 64 houses, in the neighbourhood of Vine's Passage, was represented as an Unhealthy Area. Considerable progress has now been made with the scheme, the local enquiry being held in 1924, 48 flats to re-house the displaced tenants nearing completion at Hardwicke Road, and negotiations with regard to the compensation to be paid to owners proceeding.

Locally there is very strong dissatisfaction with the meagre compensation, practically only site value, which is available under the law, and there is no doubt that popular local opinion will be opposed to further improvement schemes, until the law is amended in this respect. In the meantime, as an alternative measure, a number of individual unfit houses have been closed, with the result that recently two have been demolished, while in several instances extensive repairs and alterations have been carried out to the requirements of the Health Department, and the houses have been passed as again fit for habitation, a very satisfactory result in the face of the present housing shortage.

HOUSING STATISTICS, 1925.

Number of houses erected during the Year :—

(a) Total	...	...	...	...	...	...	...	167
(b) With state assistance under the Housing Acts :—								
(i) By the Local Authority	...	...	...					88
(ii) By other bodies or persons	...	...	...					79

Unfit Dwelling Houses.

I. INSPECTION.

1. Total number of dwelling-houses inspected for housing defects (under Public Health or housing Acts) ...	...	...	...	...	...	...	676
2. Number of dwelling-houses which were inspected and recorded under the (Housing Inspection of District) Regulations, 1910	...	...	...				221
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...				2
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...		610

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	...	575
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III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925 :—

1. Number of dwelling-houses in respect of which notices were served requiring repairs	...	8
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2. Number of dwelling-houses which were rendered fit :—

(a) by owners	...	...	...	...	6
(b) by Local Authority in default of owners	...	...	...	...	1

1. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... Nil.

B. Proceedings under Public Health Acts :—

3. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 55

2. Number of dwelling-houses in which defects were remedied :—

(a) by owners	...	...	...	...	48
(b) by Local Authority in default of owners	...	...	...	...	1

C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925 :—

1. Number of representations made with a view to the making of Closing Orders ... 1

2. Number of dwelling-houses in respect of which Closing Orders were made ... 1

3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... 2

4. Number of dwelling-houses in respect of which Demolition Orders were made ... 1

5. Number of dwelling-houses demolished in pursuance of Demolition Orders ... Nil.

METEOROLOGY.

I am much obliged to Mr. W. Ruskin Butterfield, Meteorologist for the Borough, for the following notes with regard to weather conditions in Hastings in 1925.

(1) **Bright Sunshine.**—The mean daily amount of bright sunshine at Hastings during 1925 was 4·95 hours, being 0·03 hour above the normal, and 41% of the possible amount. Neighbouring stations to the East, North, and West of the town, namely, Folkestone, Tunbridge Wells, and Eastbourne had daily means respectively of 4·83 hours, 4·55 hours, and 5·20 hours. The average daily amount for the whole of South-East England was 4·66 hours. For comparison the mean daily amounts in the other English districts may be given. South-West England had a daily average of 4·48 hours, East England 4·16 hours, the Midland Counties 3·69 hours, North-East England 3·85 hours, and North-West England 4·01 hours.

(2) **Rainfall.**—Precipitation for the year reached the high total of 35·03 ins., being much in excess of normal. Folkestone had a total rainfall of 30·29 ins., Tunbridge Wells 32·81 ins., and Eastbourne 35·50 hrs. The average amount for South-East England was 32·14 ins. Snow fell at Hastings on 14 days, hail on 10 days, and there were 18 thunderstorms.

(3) **Temperatures.**—The mean daily maximum shade temperature for the year was 55·4 F., which is the actual normal for the town. The mean daily minimum shade temperature was 45·2 against a normal of 44·5. During the year the temperature never rose above 80° nor sank below 27°. The absolute minimum for the year at Folkestone was 26°, at Tunbridge Wells 19°, and at Eastbourne 22°. Ground frosts occurred on 66 nights, against 117 at Tunbridge Wells. The mean temperature for the year at Hastings at 9 a.m. was 50·9, and at 9 p.m. 49·2.

(4) **Winds.**—Westerly winds greatly preponderated during the year. Winds from the East were recorded on only 26 days, and from the North on 33 days. Winds of force 1—3 (*i.e.*, light breezes) were by far the most prevalent, and few gales occurred.

APPENDIX.

(1) STAFF OF THE HEALTH DEPARTMENT, 1925.

NAME OF OFFICERS	OFFICERS HELD
*G. R. BRUCE, M.A., M.D., D.P.H. ...	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*O. POLHILL TURNER, M.R.C.S., L.R.C.P., D.P.H., ETC. ...	Deputy Medical Officer of Health; Deputy School Medical Officer.
*A. H. HUCKLE, M.R.C.S., L.R.C.P., D.P.H., ETC. ...	Medical Officer, Borough Sanatorium; Bacteriologist; Medical Officer, Venereal Diseases Clinic. (Part time).
*W. D. PENFOLD, L.D.S., R.C.S.ENG. ...	School Dentist.
G. M. NORMAN, F.L.C., A.R.C.S., F.C.S. ...	Borough Analyst.
R. WILSON KING, (a) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Sale of Food and Drugs Acts, Housing Acts, Rats and Mice (Destruction) Acts, etc., etc.
E. H. ANDREWS, (a) ...	
E. W. JONES, (a) (b) ...	
H. F. VEGESS, (c) (b) ...	
*Miss S. A. MYERS, (d) (e) ...	Health Visitor, Tuberculosis; Inspector of Midwives.
*Miss L. ANDREW, (d) (e) ...	Health Visitor, and School Nurse.
*Miss T. HARRIS, (a) (d) (e) (f) ...	do. do.
*Mrs. A. ESHELBY, (d) ...	do. do.
*Miss E. COOPER, (f) ...	do. do.
*Miss E. PARKHOUSE, (d) ...	School Nurse, Clinics
Miss F. POLLARD, (d) (g) ...	Matron, Borough Sanatorium.
*C. L. WHEATLEY ...	Chief Clerk.
*Miss H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare, Tuberculosis.
H. R. H. ASHLEY ...	Clerk, Sanitary Inspector's Office.
H. A. J. BISSENDEN ...	Clerk, General Office.
*Miss G. M. A. BAKKER ...	Senior Clerk, School Medical Service.
*Miss O. M. BARRON ...	Clerk, do. do.
†Miss J. M. PENNELLS ...	do. do. do.
*Miss D. G. COOTE ...	do. do. do.
*Miss G. R. JOHNS ...	Clerk, School Dentist.

*Salary contribution under Public Health Acts or by Exchequer Grants.

- (a) Certificate, Royal Sanitary Institute. Inspector of Nuisances.
 (b) do. do. Inspector of Meat and other Foods.
 (c) do. Royal Institute of Public Health. Inspector of Nuisances.
 (d) Fully trained General Nurse.
 (e) Certificate of Central Midwives Board. (C.M.B.)
 (f) Certificate, Maternity and Child Welfare Worker.
 (g) Certificate, Fever Training.

† Office relinquished October 31st, 1925.

(2) SUMMARY OF PROVISION OF HEALTH SERVICES.

(a) Hospitals Provided or Subsidised by Local Authority.

- (1) **TUBERCULOSIS.**—(A) Darvell Hall Sanatorium, Robertsbridge, about 10 miles distant, 30 beds leased from East Sussex County Council for Pulmonary Tuberculosis.
(B) Royal East Sussex Hospital, 4 beds subsidized for Surgical Tuberculosis.
- (2) **MATERNITY.**—Fernbank Maternity Home, administered by District Nursing Association. Municipal cases admitted on repayment of fees.
- (3) **CHILDREN.**—Special Children's Ward, Union Infirmary, Frederick Road.
- (4) **FEVER.**—Borough Sanatorium, Frederick Road, Hastings.
- (5) **SMALL POX.**—Hospital at Brede about 6 miles distant.

Further information, as required, is given in the report under each heading.

(b) Institutional Provision for Unmarried Mothers' Illegitimate Infants and Homeless Children.

- (1) Union Infirmary, Frederick Road.
- (2) Bell Hostel, Eastbourne, subsidized as required.

(c) Ambulance Facilities.

- (1) **INFECTIOUS CASES.**—(A) Motor Ambulance for ordinary fever cases.
(B) Special Ambulance body for small-pox cases.
- (2) **NON-INFECTIOUS AND ACCIDENT CASES.**—Two Motor Ambulances belonging to the St. John's Ambulance Association.

(d) Clinics and Treatment Centres.

(1) MATERNITY AND CHILD WELFARE CENTRES.

4 Child Welfare Centres, 2 Ante-natal Centres under the auspices of a Voluntary Society, the Service of Help for Motherhood and Infancy, subsidized by the Local Authority.

(2) DAY NURSERIES.

None established.

(3) SCHOOL CLINICS.

Two provided by Local Authority, Halton and Park View. Each contains a dental clinic and provides rooms for one of the Infant Welfare Centres mentioned above and also an Ante-natal Centre.

(4) TUBERCULOSIS.

Clinic established in Out-Patient Department, Royal East Sussex Hospital.

(5) VENEREAL DISEASES.

Clinic in separate building, Royal East Sussex Hospital, provided by Hospital by arrangement with Corporation.

Full details as to the above Centres and Clinics are given in the report under each heading.

(e) Professional Nursing in the Home.

(1) GENERAL.

The Hastings and St. Leonards District Nursing Association provides a staff of nurses, who visit, as required, the sick poor in any part of the Borough. In addition each of the three Parish Churches has a nurse attached. No subsidy is paid by the Corporation in connection with these services.

(2) INFECTIOUS DISEASES, *e.g.*, MEASLES, ETC.

(a) HEALTH VISITORS AND SCHOOL NURSES.

The Health Visitors and School Nurses on the staff of the Health Department pay visits to cases of measles, infantile diarrhoea, ophthalmia neonatorum, whooping cough, influenzal pneumonia and other infectious diseases, and advise generally as to the nursing of the cases or the carrying out of the doctors' instructions.

(b) DISTRICT NURSING ASSOCIATION.

The Corporation subsidises the District Nursing Association, paying an annual retaining fee and a small sum in respect of each visit paid to nurse cases of measles, infantile diarrhoea, ophthalmia neonatorum, etc., in children under five years of age.

(f) Midwives.

See section Maternity and Child Welfare.

